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OF POOLE



ANNUAL REPORT

of the

Medical Officer of Health

*On the Health and Sanitary Circumstances of the
Borough and Port of Poole*

FOR THE YEAR

1950

GEORGE CHESNEY, M.D., D.P.H.

Medical Officer of Health of the Borough and Port of Poole

Ackd. 24/10
BOROUGH AND COUNTY OF THE TOWN OF POOLE

GEORGE CHESNEY, M.D., D.P.H.
MEDICAL OFFICER OF HEALTH,
AND
PORT MEDICAL OFFICER.
TEL: POOLE 393



PUBLIC HEALTH DEPARTMENT,
MUNICIPAL BUILDINGS,
POOLE,
DORSET.

*With the Compliments
of the
Medical Officer of Health.*

BOROUGH



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GEORGE CHESNEY, M.D., D.P.H.

Medical Officer of Health

Public Health Department
Municipal Buildings
Poole

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PREFACE

Public Health Department,
Municipal Buildings,
Poole.

*To the Worshipful the Mayor, and Aldermen and Councillors of the Borough
and County of the Town of Poole.*

In accordance with my statutory duty I submit for your information and consideration my Report on the health and sanitary circumstances of the Borough and Port of Poole for the year 1950. It is prepared in accordance with the regulations of the Ministry of Health which prescribe the duties of the Medical Officer of Health. The form of presentation suggested in Circular 1728 of the 25th October, 1938, has been followed. The Report is divided into three parts :

PART I

- A. Statistics and Social Conditions of the Area.
- B. General Provision of Health Services for the Area.
- C. Sanitary Circumstances of the Area.
- D. Housing.
- E. Inspection and Supervision of Food.
- F. Prevalence of and Control over Infectious and Other Diseases.

PART II

The Health and Sanitary Circumstances of Poole Seaport.

PART III

The School Health Services in the Borough of Poole.

APPENDIX

Statistics of the Personal Health Services.

During 1950 the health of the Borough was quite satisfactory. The incidence of the major infectious diseases was low, and there were no deaths from diphtheria, scarlet fever, measles, whooping cough, meningococcal meningitis, puerperal sepsis, and the typhoid group of fevers. There were three deaths from poliomyelitis, two

being adults. The infant mortality rate remained low, there being 27 deaths of infants during the first year of life, giving a rate of 21.9 per 1,000 live births. The rate for England and Wales was 29.8.

During the year the time occupied by Medical Officers in the Health Department in administration increased at the expense of the time available for the promotion of Public Health. It has recently been commented ironically that few specialists have the time to specialise and this unhappily is becoming true of the specialist in public health. He will soon spend more time "in striking out the in-applicable than in stamping out disease". There is a grave danger that under present conditions the public health expert will become a local authority "administrator with a little medical knowledge". The position should not be allowed to develop where the demands of administration become so pressing and the calls for statistical detail so insistent and complicated that there is little time available to the public health officer to study the jig-saw puzzle of ill health in his community and to fit into the picture of human illness the pieces of information which come to his hands. Time for observation, surmise, deduction and anticipation will pay better dividends in terms of human health and happiness than the finical aspirations of the tidy-minded administrator.

I wish to take this opportunity of thanking the Chairman and members of the Public Health Committee for their kindness and consideration at all times, my fellow officers in other departments, and the staff of my department for their help and co-operation during the year. For their assistance in compiling statistics in this report, my thanks are due to Dr. J. A. Sinclair, Deputy Medical Officer of Health, who was responsible for the section dealing with the School Health Service, and to the Senior Sanitary Inspector, Mr. R. Leggat, who has prepared in the main the sections dealing with Sanitary Circumstances, Housing and Food.

GEORGE CHESNEY,

Medical Officer of Health.

August, 1951.

COMMITTEES AND STAFF, 1950

PUBLIC HEALTH AND PORT HEALTH COMMITTEE

Chairman : Alderman D. A. HAYNES, J.P.

Vice-Chairman : Councillor F. V. CRAWSHAW

Aldermen :

S. D. BALLAM J. BRIGHT, J.P. A. B. HAYNES, J.P.

Councillars :

R. C. HART	Miss M. M. LLEWELLIN
W. T. HASKINS	L. S. MILLER
Mrs. E. M. HICKINSON, J.P.	J. NEAL
S. R. RUTTER	J. W. RUSSELL, J.P.
Mrs. M. E. WALTERS	

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health }
Part Medical Officer } GEORGE CHESNEY, M.D., B.Ch., B.A.O., D.P.H.

Deputy Medical Officer }
of Health and Deputy } JAMES A. SINCLAIR, M.B., Ch.B., D.P.H.
Part Medical Officer }

Senior Sanitary Inspector : ROBERT LEGGAT, Cert. as S.I. and M.I.

Sanitary Inspectars : C. A. TRIM, Cert. as S.I., and M.I.
C. GLOVER, Cert. as S.I. and M.I.
G. H. WOODLANDS, A.M.I.S.E., Cert. as S.I. and M.I.
R. R. TUCKER, Cert. as S.I., and M.I.
F. K. W. FRANCIS, Cert. as S.I. and M.I.
R. M. IMPETT, Cert. as S.I. and M.I.,
appointed 13/11/50.

Clerks :

Miss E. I. TAPPER
MICHAEL OLD

Mrs. M. FOWLER
Miss S. MACKAY

Public Analyst : A. S. CARLOS, B.Sc., F.R.I.C., F.C.S.

Veterinary Surgeon : Lt.Col. J. S. KINGSTON, M.B.E., M.R.C.V.S.

PART I

SECTION A

GENERAL STATISTICS

(1) Area of Borough. 15,641 acres, not including 2,220 acres of tidal waters and foreshore.

(2) Population	(a) As at Census, 1931	...	...	57,211
	(b) As estimated by Registrar-General at 30th June, 1950	...	...	82,140
	(c) National Registration, 1939	...		77,954
	(d) Census 1951. Registrar-General's Preliminary Report	...	...	82,958

(3) Total number of Inhabited Houses (from Rate Book)

As at December, 1946	...	...	21,542
As at December, 1947	...	...	22,340
As at December, 1948	...	...	22,839
As at December, 1949	...	...	23,458
As at December, 1950	...	...	23,704

(4) Rateable Value at 1st April, 1950	...	...	£668,117
Sum represented by a Penny Rate	...		£2,720

SOCIAL CONDITIONS AND UNEMPLOYMENT

For recent years the condition of the labour market has been as shown below :—

Year	Average of Unemployment	Unemployment as at December
1944	71	100
1945	69	299
1946	246	342
1947	360	430
1948	498	685
1949	495	540
1950	437	493

HISTORY OF POOLE

In my annual report for 1949 a "Brief Survey of the History of Poole" by H. P. Smith, Esq., M.B.E., J.P., was included. This Survey covered the period from the Bronze Age to present days, and contains many points of interest not only to Poole men, but to a wider public.

PHYSICAL FEATURES

The physical features of Poole were fully described in my annual report for 1949, to which the reader is referred.

POOLE WARTIME ACTIVITIES

In my annual report for 1948 the wartime activities of Poole and its Port were described, giving some of the highlights of the otherwise routine work of Port Medical Inspection at a wartime marine airport.

DISTRICTS OF POOLE

The Borough of Poole with its population of 83,000 is the second largest town in the South-West of England. It is comprised of 12 definite districts. One of these districts, that part of the town which once was surrounded by the 15th century dyke, wall and embattled gate, is still referred to by many people as Poole. In order that the Borough may preserve its complete corporate entity it is preferable to refer to this part of it as Old Town. The districts and their postal addresses are:

Old Town, Poole, Dorset	Newtown, Parkstone, Dorset.
Oakdale, Poole, Dorset	Rossmore, Parkstone, Dorset
Longfleet, Poole, Dorset	Canford Magna, near Wimborne,
Hamworthy, Poole, Dorset	Dorset
Parkstone, Dorset	Sandbanks, Bournemouth
Broadstone, Dorset	Wallisdown, Bournemouth
	Canford Cliffs, Bournemouth

From an administrative point of view it is extremely undesirable and inconvenient that the address of several of these districts is other than "Poole". The diversity of postal addresses leads to delay particularly in the transmission of information, notifications of infectious diseases being frequently delayed. In the case of smallpox contacts this delay could have serious repercussions. It is suggested that the time has come when the Borough of Poole should have for its districts one postal address — Poole, Dorset.

METEOROLOGY

A general survey of the meteorological records for 1950, shows that the weather fell far below the standard usually experienced in this part of the country, the hours of sunshine being less and the rainfall higher than in previous years.

Sunshine

Sunshine in 1950 was less than in 1949, the total hours in Poole being 1,679.9 as against 2,048 hours in 1949. June was the sunniest month, with 238.1 hours, the daily average being $7\frac{1}{2}$ hours of sunshine. December was comparatively sunless with only 69.8 hours, a daily average of 2.25 hours. The longest periods of sunshine were on June 6th and June 11th, when there were 14.4 hours.

Rainfall

The total rainfall for the year was 31.69 inches. Rainfall was heaviest in February, July and November. November was the wettest month with 5.91 inches, and January was the driest with 0.67 inches.

Temperature

The summer and winter range of temperature was 13° , the average maximum being 57° and the average minimum 44° . June was the warmest month with an average maximum temperature of 70° F., July, August and September were also warm months. The coldest month was December with an average maximum temperature of 41° F. and an average minimum temperature of 29° F. There were 12 degrees of frost on the night of the 15th/16th December, when 10 inches of snow fell. There was also some snow on the night of the 25th/26th April.

I am indebted to the Borough Meteorological Observer (Mr. Michael S. Jukes) for the following table of Meteorological data :

	Average Max. Temp.	Average Min. Temp.	Rainfall	Sunshine
January	47	36	.67	38.3
February	50	39	5.69	69.6
March	54	40	1.31	140.6
April	55	40	2.45	183.2
May	63	46	1.82	206.9
June	70	53	1.00	238.1
July	68	55	4.59	214.4
August	67	55	2.16	209.4
September	64	51	3.15	125.3
October	57	45	0.90	106.0
November	50	39	5.91	78.3
December	41	29	2.04	69.8

SUMMARY OF VITAL STATISTICS FOR THE YEAR 1950

As supplied by the Registrar General

				Total	Male	Female
Live Births						
Total registered	...	...	...	1231	661	570
Legitimate	...	...	...	1161	623	538
Illegitimate	...	...	...	70	38	32
Stillbirths						
Total registered	...	...	...	27	13	14
Legitimate	...	...	...	25	12	13
Illegitimate	...	...	...	2	1	1
Deaths						
Total registered	...	...	...	1038	515	523
Maternal Mortality						
Deaths from puerperal causes :						
Puerperal sepsis	...	...	...	Nil.	—	Nil.
Other puerperal causes	...	...	...	1	—	1
Total	...	...	...	1	—	1
Deaths from Special Causes						
Cancer	...	...	...	178	84	94
Whooping Cough	...	...	...	Nil.	Nil.	Nil.
Measles	...	...	...	Nil.	Nil.	Nil.
Scarlet Fever	...	...	...	Nil.	Nil.	Nil.
Diphtheria	...	...	...	Nil.	Nil.	Nil.
Enteritis (under 2 years of age)	...	...	...	1	1	2
Infant Mortality						
Deaths of infants under 1 year of age :						
Total registered	...	...	...	27	15	12
Legitimate	...	...	...	26	15	11
Illegitimate	...	...	...	1	—	1

	Comparative Statistics (Where available)	
	Poole	England & Wales
Birth Rate per 1,000 estimated resident population, mid-1950	14.98	15.8
Stillbirth Rate per 1,000 population ...	0.33	0.37
Death Rate per 1,000 estimated average population	12.64	11.6
Maternal Mortality Rate per 1,000 total (live and still) births		
Puerperal sepsis	Nil.	0.03
Other causes	0.79	0.69
Abortion with sepsis	Nil.	0.09
Abortion without sepsis	Nil.	0.05
Death Rate of Infants under 1 year of age		
All infants per 1,000 live births ...	21.93	29.8
Legitimate infants per 1,000 legitimate live births	22.39	—
Illegitimate infants per 1,000 illegitimate live births	14.28	—
Death Rates per 1,000 estimated average population		
Tuberculosis—pulmonary	0.32	} 0.36
non-pulmonary	0.01	
Cancer	2.17	—
Diphtheria	Nil.	Nil.
Measles	Nil.	—
Enteritis (under 2 years) per 1,000 live births	0.02	1.9

CAUSES OF DEATH DURING THE YEAR 1950

(Supplied by the Registrar General)

<i>Causes of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1. Tuberculosis, respiratory	15	11	26
2. Tuberculosis, other	1	—	1
3. Syphilitic Disease	2	1	3
4. Diphtheria	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal Infections	—	—	—
7. Acute Poliomyelitis	2	1	3
8. Measles	—	—	—
9. Other Infective and Parasitic Diseases	2	2	4
10. Malignant Neoplasm, Stomach	16	13	29
11. Malignant Neoplasm, Lung, Bronchus	13	1	14
12. Malignant Neoplasm, Breast	—	18	18
13. Malignant Neoplasm, Uterus	—	8	8
14. Other Malignant and Lymphatic Neoplasms	55	54	109
15. Leukaemia, Aleukaemia	—	1	1
16. Diabetes	7	—	7
17. Vascular Lesions of Nervous System	59	101	160
18. Coronary Disease, Angina	79	59	138
19. Hypertension with Heart Disease	21	18	39
20. Other Heart Disease	68	95	163
21. Other Circulatory Disease	20	14	34
22. Influenza	2	5	7
23. Pneumonia	15	15	30
24. Bronchitis	20	17	37
25. Other Disease of Respiratory System	3	9	12
26. Ulcer of Stomach and Duodenum	12	2	14
27. Gastritis, Enteritis and Diarrhoea	1	4	5
28. Nephritis and Nephrosis	8	4	12
29. Hyperplasia of Prostate	12	—	12
30. Pregnancy, Childbirth, Abortion	—	1	1
31. Congenital Malformations	8	4	12
32. Other Defined and Ill-defined Diseases	50	50	100
33. Motor Vehicle Accidents	10	1	11
34. All Other Accidents	8	13	21
35. Suicide	6	1	7
36. Homicide and Operations of War	—	—	—
TOTAL	515	523	1038

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1950. Registrar General's Provisional figures based on Quarterly Returns.

	England and Wales	126 County Borough and Great Towns (including London)	148 Smaller Towns (Resi- dent Population 25,000-50,000 at 1931 Census)	London Admin. County
Births	Rates per 1,000 Home Population			
Live births	15.8	17.6	16.7	17.8
Still births	0.37	0.45	0.38	0.36
Deaths				
All Causes	11.6	12.3	11.6	11.8
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00
Whooping Cough ...	0.01	0.01	0.01	0.01
Diphtheria	0.00	0.00	0.00	0.00
Tuberculosis	0.36	0.42	0.33	0.39
Influenza	0.10	0.09	0.10	0.07
Smallpox	—	—	—	—
Acute Poliomyelitis (in- cluding Polioencephalitis)	0.02	0.02	0.02	0.01
Pneumonia	0.46	0.49	0.45	0.48
Notifications (corrected)				
Typhoid Fever	0.00	0.00	0.00	0.01
Paratyphoid Fever ...	0.01	0.01	0.01	0.01
Meningococcal Infection	0.03	0.03	0.02	0.03
Scarlet Fever	1.50	1.56	1.61	1.23
Whooping Cough ...	3.60	3.97	3.15	3.21
Diphtheria	0.02	0.03	0.02	0.03
Erysipelas	0.17	0.19	0.16	0.17
Smallpox	0.00	0.00	—	—
Measles	8.39	8.76	8.36	6.57
Pneumonia	0.70	0.77	0.61	0.50
Acute Poliomyelitis (in- cluding Polioencephalitis)				
Paralytic	0.13	0.12	0.11	0.08
Non-paralytic	0.05	0.05	0.06	0.05
Food Poisoning	0.17	0.16	0.14	0.25
Deaths	Rates per 1,000 Live Births			
All causes under 1 year of age	29.8	33.8	29.4	26.3
Enteritis and diarrhoea under 2 years of age ...	1.9	2.2	1.6	1.0
Notifications (corrected)	Rates per 1,000 Total (Live and Still) Births			
Puerperal fever and pyrexia	5.81	7.43	4.33	6.03

Maternal Mortality in England and Wales

<i>International List No. and cause</i>	<i>Rates per 1,000 Total (Live and Still) Births</i>	<i>Rates per million women aged 15-44</i>
651. Abortion with sepsis	0.09	7
650, 652. Other abortion	0.05	4
640-649, 670-678. Complication of pregnancy and delivery	0.54	—
681. Sepsis of childbirth	0.03	—
680, 682-689. Other complications of the puerperium	0.15	—

VITAL STATISTICS — POOLE — 1861 to 1950

Year	Population	Infantile Mortality*	Birth Rate†	Death Rate†	* per 1,000 Births. † per 1,000 of Population. ‡ Census.		
1861	+ 9759 §				§ Parishes of St. James, Longfleet, Parkstone, Hamworthy.		
1871	+ 10097				|| Borough enlarged by the addition of Branksome Urban District.		
1881	+ 12156				L Borough enlarged by the addition of Canford Magna Parish.		
1891	+ 15403	78	27.8	14.1	Marriage Rate †	Cancer Death Rate †	Pulmonary Tuberc. Death Rate†
1892	+ 15887	171	29.3	20.7			
1893	16275	165	28.2	17.8			
1894	16662	91	32.2	13.7			
1895	17050	126	29.5	15.1			
1896	17438	116	31.5	14.9			
1897	17826	123	28.6	15.5			
1898	18214	145	28.5	15.3			
1899	18602	163	27.3	17.4			
1900	18991	131	27.7	15.3			
1901	† 19461	93	27.4	13.9			
1902	20095	110	26.7	16.4			
1903	20500	135	27.0	16.1			
1904	21142	109	27.1	17.0			
1905	21804	113	26.7	15.7			
1906	|| 32086	118	30.0	15.1	15.9	—	—
1907	32518	76	27.5	13.1	16.8	—	—
1908	33217	87	26.6	13.8	16.8	—	—
1909	33524	89	27.8	13.9	15.0	—	—
1910	34168	82	26.0	12.7	15.4	—	—
1911	+ 38886	126	24.0	14.0	14.1	—	—
1912	+ 40386	88	22.7	10.9	14.6	—	—
1913	41066	82	22.1	11.0	14.2	—	—
1914	41880	77	21.0	11.3	13.6	—	—
1915	42800	93	18.7	13.2	18.6	—	—
1916	42331	76	19.8	13.7	15.6	—	—
1917	42335	91	16.2	13.0	14.5	—	—
1918	43829	84	15.5	14.8	16.3	—	—
1919	41100	62	18.7	12.8	21.0	—	—
1920	43400	75	23.6	10.8	22.0	1.2	0.9
1921	+ 43649	73.6	21.8	11.9	16.7	1.2	0.96
1922	+ 43250	79.7	19.5	14.1	16.3	1.4	1.3
1923	43860	60	19.3	11.9	17.6	1.62	1.02
1924	45150	66.3	18.0	11.6	17.3	1.13	0.91
1925	46150	71.7	18.1	11.7	16.7	1.60	0.71
1926	49150	53.4	17.5	11.25	16.3	1.62	0.94
1927	51030	58.1	17.5	12.3	16.0	1.45	0.71
1928	52940	50.2	17.3	11.92	15.1	1.42	0.61
1929	53870	46.3	16.8	13.16	16.8	1.50	0.56
1930	56150	57.6	16.7	12.39	15.4	1.87	0.85
1931	† 57211	43.2	15.85	12.49	16.5	1.81	0.84
1932	58230	55.2	15.8	11.70	15.1	1.58	0.65
1933	L 63510	46.4	16.0	11.71	16.1	1.50	0.61
1934	64380	40.5	15.4	11.48	16.2	1.96	0.50
1935	65600	45.5	15.1	11.7	16.8	1.84	0.79
1936	66820	51.2	16.8	12.1	16.9	1.89	0.55
1937	67990	45.6	15.4	12.1	16.9	1.63	0.39
1938	68860	50.0	14.9	11.49	16.9	1.77	0.46
1939	69890	40.2	14.6	11.41	22.9	1.73	0.51
1940	72820	51.8	14.0	13.1	20.1	2.02	0.51
1941	69960	53.5	15.0	13.5	19.0	2.0	0.51
1942	69940	47.0	17.6	13.5	18.7	1.8	0.56
1943	68200	37.0	17.0	14.1	15.8	2.1	0.44
1944	67810	36.9	19.9	13.06	14.8	1.97	0.54
1945	69880	53.6	18.1	12.9	21.1	2.23	0.43
1946	76330	36.1	19.6	12.26	18.41	1.52	0.59
1947	78720	22.2	21.2	12.4	19.2	1.96	0.46
1948	80480	30.17	16.4	11.12	19.1	1.69	0.41
1949	81130	18.85	15.69	12.38	17.1	1.96	0.29
1950	82140	21.93	14.98	12.64	16.89	2.17	0.32
England & Wales 1950	43,830,000	29.8	15.8	11.6	N.A.	N.A.	N.A.

COMMENTS ON THE VITAL STATISTICS

Deaths

The crude death rate has fluctuated between a maximum of 20.7 per 1,000 population in 1892 and a minimum of 10.8 in 1920. In 1950 it was 12.64 per 1,000 population, but by applying the Registrar General's Comparability Factor of 0.82 it is found that the standardised death rate for Poole is 10.36. (The Comparability Factor for each district is worked out by the Registrar General, the aim being to even out differences in the age and sex distribution of the population of the various districts. The use of this Factor enables us to obtain standardised death rates which are more fairly comparable and more accurate than the crude death rates).

Birth Rate

The birth rate in 1950 was 14.98 per 1,000 population, or only 0.98 higher than the lowest figure ever recorded in Poole, of 14 per 1,000 in 1940.

In 1950 the live births exceeded the number of deaths by 193.

Infantile Mortality

The infant mortality rate in 1950 was 21.93 per 1,000 live births. This compares favourably with the rate of 29.8 for England and Wales, and is only slightly higher than the all-time low-level record of 18.85 in the previous year.

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

Public Health Laboratories

The Medical Research Council of the Ministry of Health directs the Public Health Laboratory Service. One of the constituent laboratories is located at the Municipal Buildings, Poole, under the direction of the bacteriologist, Dr. G. J. G. King. This laboratory serves the area covered by Bournemouth, Poole, Christchurch, West Hants and East Dorset. During the year 1950, a total of 5501 specimens from Poole were examined.

The laboratory undertakes the examination of specimens for the diagnosis of cases or suspected carriers of any infectious disease. It also undertakes for public health authorities the bacteriological examination of drinking and swimming-bath water and of milk, ice-cream and other foodstuffs as distributed to the public.

The bacteriologist and the medical officer of health, who is a consultant physician in infectious diseases, work together as an epidemiological team in the investigation of outbreaks of infectious disease in the area.

Ambulance Services

On the 5th July, 1948, the ambulance services of the Borough were transferred under section 27 of the National Health Service Act to the Local Health Authority — Dorset County Council. No radical change in the operation of the service was made. The Poole Section of the Ambulance Service is located at Burlea Towers, 55 Parkstone Road, Poole (telephone Poole 294), and a day and night service is maintained. The staff, consisting of one supervisor, one deputy supervisor and eleven driver-attendants, are all experienced drivers and qualified in first-aid. Five first line ambulances, two second line ambulances and three sitting cars were in operation at the end of the year. In the Appendix is given a summary of the calls, cases and mileage from the 1st January to the 31st December, 1950.

Home Nursing

The home nursing services in the Borough were taken over (on the 5th July, 1948) by the Dorset County Nursing Association in their capacity as agents for the Dorset County Council in maintaining a Home Nursing Service. The Poole District Nursing Association ceased to exist as a separate entity, and the staff were merged with the Dorset County Nursing Association. The headquarters of the Home Nursing Service in Poole are at 464 Ashley Road, Parkstone (telephone Parkstone 1948).

The following districts of Poole are covered by the Home Nursing Service :

Old Town, Hamworthy, Longfleet, Oakdale, Broadstone, Upper Parkstone, Central Parkstone, Lilliput, Sandbanks, Branksome and Canford Cliffs.

A total of 43,381 visits was paid during 1950, and the number of individual cases attended was 1,796.

Clinics and Treatment Centres in 1950

(a) School Clinics

67 Market Street, Old Town	}	Daily 9-10 during school sessions
The Clinic, Shillito Road, Parkstone		
Hamworthy School, Blandford Road		
Henry Harbin School		
Broadstone Women's Institute		
Kemp Welch School		Tuesdays, and Fridays 9-10 during school sessions
		Thursdays 9-10 during school sessions
		Thursdays 9-10 during school sessions
		Mondays and Fridays 9-10 during school sessions
Herbert Carter School		Tuesdays and Fridays, 10 a.m.

(b) Ante-Natal Clinics

67 Market Street, Old Town	Mondays, 2 p.m.	} By Appointment
The Clinic, Shillito Road, Parkstone	Fridays, 10.0 a.m.	

(c) Post-Natal Clinics

67 Market Street, Old Town	Tuesdays fortnightly, 11 a.m.	} By appointment
The Clinic, Shillito Road, P'stone	Tuesdays fortnightly, 11 a.m.	

(d) Contraception Clinic

Burlea Towers, Parkstone Road,	Mondays, 10 a.m.	By appointment.
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(e) Infant Welfare Centres

The Clinic, Shillito Road, Parkstone	Tuesday and Friday, 2 p.m.
*67 Market Street, Old Town	Wednesday, 10.30 a.m.
*Church Hall, Creekmoor	2nd Tuesday (monthly) 2 p.m.
*Methodist Church Hall, Wallisdown	4th Thursday (monthly) 2 p.m.
*Methodist Schoolroom, Broadstone	2nd Thursday (monthly) 2 p.m.
*Newtown Evangelical Hall, Ringwood Road	1st and 3rd Thursdays (monthly) 2 p.m.
*Village Hall, Canford Cliffs	4th Tuesday (monthly) 2 p.m.
*St. George's Hall, Oakdale	1st and 3rd Tuesdays (monthly) 2 p.m.
*Hamworthy School	2nd and 4th Wednesdays (monthly) 2 p.m.
*Longfleet Congregational Church Hall	1st and 3rd Wednesdays (monthly) 2 p.m.
*Church of Good Shepherd, Rossmore	2nd and 4th Thursdays (monthly) 10.30 a.m.
*St. John Ambulance Brigade Headquarters, 4 St. Peter's Road, Parkstone.	1st and 3rd Thursdays (monthly) 10.30 a.m.

- (f) **Diphtheria Immunisation**
The Clinic, Shillito Road, Parkstone 2nd and 4th Wednesdays (monthly)
2 p.m.
*and at the Child Welfare Centres marked * above*
- (g) **Orthopaedic Clinic**
67 Market Street, Old Town Four sessions Weekly—Physical
Medicine.
Surgeon's Clinic Monthly.
- (h) **Ophthalmic Clinic**
Torvaine, St. Peter's Road, Parkstone Three sessions weekly
- (i) **Orthoptic Clinic**
Torvaine, St. Peter's Road, Parkstone Six sessions Weekly
- (j) **Speech Therapy Clinic**
Torvaine, St. Peter's Road, Parkstone Two sessions Weekly
- (k) **Child Guidance Clinic**
The Clinic, Shillito Road One session Weekly
- (l) **Asthma Clinic**
Burlea Towers, 55 Parkstone Road One session Weekly.
Transferred to Poole General Hospital in July, 1950.

Hospitals

Poole General Hospital, Longfleet Road,	Medical, surgical and children's beds	152
	Maternity beds	21
Alderney Infectious Diseases Hospital, Ringwood Road	Infectious disease beds ...	80
St. Mary's Hospital, St. Mary's Road	Medical beds	105
Parkstone Sanatorium, Castle Hill	Tuberculosis beds (female patients)	31

MATERNITY AND CHILD WELFARE SERVICES

Organisation

These services were transferred to the Dorset County Council, the Local Health Authority, on the 5th July, 1948, the Medical Officer of Health remaining in administrative charge as Poole Area Medical Officer. He is assisted by his Deputy and an Assistant County Medical Officer. The Nursing Services are under the general supervision of the County Nursing Superintendent, assisted by the Superintendent Health Visitor, Poole.

Ante-natal Clinics

During 1950, Ante-natal Clinics were held weekly at both Old Town and Branksome Clinics for the benefit of expectant mothers under the care of domiciliary midwives.

Post-natal Clinics

During 1950, Post-natal Clinics were held fortnightly at both Old Town and Branksome Clinics.

Maternal Mortality

There was one maternal death in the Borough during 1950.

Infantile Mortality

There were 1231 live births in the Borough in 1950 and 27 deaths of infants under a year, giving an infantile mortality rate of 21.93. The rate for the country as a whole was 29.8.

Hospital Accommodation for Maternity Cases

Poole General Hospital has 21 maternity beds, a number far below that required for the population served in Poole and East Dorset. Cases in which, for social reasons, confinement cannot take place at home are referred to the Bed Service Bureau of the Hospital Management Committee for allocation of maternity beds. Cases in which there are medical reasons for a hospital confinement are referred to the General Hospital.

Diphtheria Immunization

An effort is made to ensure that all children are immunized against diphtheria before reaching the age of one year. The Local Health Authority is responsible for this service and details of the number of children immunized during the year are given in the Appendix.

Domestic Help

A Home Help Service was begun in Poole in 1945. This service became the responsibility of the Dorset County Council on the 5th July, 1948.

Day Nurseries

During the war there were three Day Nurseries in Poole. Since the 1st April, 1946, there has been only one Day Nursery in the Borough providing accommodation for 50 children between the ages of 2 and 5. Admission is limited as far as practicable to the children of widowed, single, separated or divorced women, who must work to support their children. This service has been the responsibility of the Local Health Authority, Dorset County Council, since the 5th July, 1948.

National Society for the Prevention of Cruelty to Children

The N.S.P.C.C. has a full-time Inspector for the Poole and East Dorset area. The Health Department has always found the Society's Inspector very ready to co-operate in cases of medical neglect, and most helpful in following up such cases, and in dealing with difficult and careless parents.

The Report of the Inspector of the cases dealt with by the N.S.P.C.C. during 1950 in Poole is as follows :—

Cases:	Neglect	...	...	76	Children concerned	215
"	Ill-treatment	...	...	8	"	17
"	Advice Sought	...	...	33	"	59
"	Moral danger	...	...	1	"	2
<i>Total</i>				<hr/> 118		<hr/> 293

There were no prosecutions during the year.

Nursing Homes

In 1927 the supervision of Nursing Homes was delegated by the Dorset Country Council to the Poole Council. In 1949 this delegation was cancelled and the Dorset County Council resumed its duties in respect of Nursing Homes. At the end of 1950 there were on the register five Nursing Homes.

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY

There are four systems of water supply in the Borough:—

Poole Waterworks Undertaking. This serves over 90 per cent of the population.

Bournemouth Water Undertaking. This serves the parts of the Borough adjoining Bournemouth and Wimborne, and supplies between 6,000 and 7,000 people.

The Canford School Supply. This private system supplies about 600 people in Canford Magna.

Private Supplies. Spring or well supplies in the outlying rural areas of the Borough.

Some notes on these four systems are given below:—

(a) Public Water Supplies

Poole Waterworks Undertaking

The Annual Report for 1949 contained some notes on the history of the Poole Water Undertaking by the Waterworks Engineer and Manager, Mr. Richard S. Rendle, *M.Inst.C.E., A.M.I.Mech.E.*

The main water supply for the district is provided by the Poole Corporation Waterworks. The supply is obtained from a well 170 feet deep in the Upper Chalk at Corfe Mullen near Poole. The water is hard, but is softened by a modern "cold lime" process, then rapid filtered and finally chloraminated to give residuals of chlorine throughout the area of supply. The quantity of water during the year has been ample for all purposes and the water supplied has maintained a high and consistent standard of purity.

During the year 148 samples of the treated water were taken from consumers' taps by the Sanitary Inspectors for bacteriological examination at the Public Health Laboratory, Poole, and on all occasions the water was reported as "Class I" (Ministry of Health Report No. 71 (1939) Classification). In addition, 156 samples taken by the Waterworks' Chemist during the same period were without exception within the standard of "Class I". Four complete chemical analyses made during the year by the Public Analyst were reported as satisfactory. A copy of one of these analyses is given below. Throughout the year a daily check of residual chlorine was made at all points of the area of supply and in the control of the treatment plant, samples were taken by the Waterworks Department every 6 hours.

During 1950, 52 bacteriological examinations of the raw water were made in the Waterworks Laboratory — of these :

3 samples were within Class I					
11	„	„	„	„	II
12	„	„	„	„	III
26	„	„	„	„	IV

B.Coli, Type I, was demonstrated in 18 of the above samples. The maximum number of coliform bacteria was in the neighbourhood of 90 per 100 ml, and invariably followed abnormal rainfall.

As the water is derived from the upper chalk, it has no plumbo-solvent action.

Within the area of supply in the Borough all houses are supplied direct and none by means of standpipes. 4,620 yards of main were laid during the year and the amount of water supplied was 851.8 million gallons.

Certificate of Analysis

of a sample of water from the Poole Corporation Waterworks on the 16th December, 1950.

I hereby certify that I have examined the above mentioned sample with the following results :

Chemical Analysis (results expressed in parts per million) :

Ammonia, free	...	...	...	...	0.005
„ albuminoid	...	...	...	...	0.068
Nitrites	...	...	...	...	absent
Nitrates as Nitric Nitrogen	...	...	...	...	1.98
Oxygen absorbed in 15 min. at 80° F.	...	...	...	...	0.223
Oxygen absorbed in 4 hours at 80° F.	...	...	...	...	0.756
Chlorine	...	...	...	...	22.0
Chlorine as Sodium Chloride	...	...	...	...	36.26
Hardness, temporary	...	...	...	...	95.0
„ permanent	...	...	...	...	45.0
„ total	...	...	...	...	140.0
Total Solids	...	...	...	...	246.0
Free Chlorine	...	...	...	...	nil
Free Carbon Dioxide	...	...	...	...	nil
pH value	...	...	...	...	7.1
Metals	...	...	...	...	very slight trace of Iron
Colour	...	...	...	...	colourless and clear

Bacteriological Examination:

B.Coli Presumptive Test at 37° C. after 24 hours Absent in
100 ml.

Organisms growing on Agar Agar at 37° C. in
48 hours 2 per ml.

Organisms growing on Agar Agar at 22° C. in
72 hours 64 per ml.

Remarks:

The above results indicate that this water is very satisfactory both chemically and bacteriologically, and is eminently suitable as a Public Supply for drinking and domestic purposes.

(Signed) ARTHUR S. CARLOS, B.Sc. (Lond.), F.R.I.C.,
Public Analyst.

16th December, 1950.

Bournemouth Water Undertaking

On the eastern and northern boundaries of the Borough about 2,000 houses are within the supply area of the Bournemouth Water Undertaking. In 1950, 35 samples of this supply were taken by the Sanitary Inspectors for bacteriological examination at the Public Health Laboratory, Poole, and all were found to be of the standard of Class I.

The supply was ample throughout the year. A copy of a recent chemical analysis of this water is given below :—

Certificate of Analysis

of a sample of water received on the 19th December, 1950 from Bournemouth Water Undertaking, Labelled Standpipe, St. Stephen's Road, Bournemouth, 19th December, 1950.

Chemical Results in parts per million

Appearance — Bright with very few mineral particles.

Colour	... ...	less than 10	Turbidity	... ...	less than 3
pH	... ...	8.0	Odour	... ...	... nil
Electric Conductivity	... ...	400	Free Carbon Dioxide	... ...	... trace
Chlorine present as Chloride	... ...	18	Total Solids	... ...	... 270

Hardness: Total	210	Alkalinity as Calcium Car-	
Carbonate (temporary)...	165	bonate	165
Non-carbonate (perma-		Nitrite Nitrogen Approx. ...	0.01
nent)	45	Oxygen Absorbed	0.65
Nitrate Nitrogen	1.6	Residual Chlorine	0.05
Ammoniacal Nitrogen*	... 0.013		
Albuminoid Nitrogen*	... 0.038		
Metals ... ..	...absent		

* To convert to ammonia, multiply by 1.21.

Bacteriological Results

(Sampling bottles are treated to remove residual chlorine if present)

<i>Number of Colonies developing on Agar.</i>	<i>(1 day at 37°C.) 3 per ml.</i>	<i>(2 days at 37°C.) 4 per ml.</i>	<i>(3 days at 20°C.) 1 per ml.</i>
	Present in	Absent from	Probable number
Presumptive Coli- ...			
aerogenes Reaction ...	— ml.	100 ml.	0 per 100 ml.
Bact. Coli. (Type I) ...	— ml.	100 ml.	0 per 100 ml.
Cl. welchii Reaction ...	— ml.	100 ml.	

This sample is practically clear and bright in appearance, on the alkaline side of neutrality and free from iron and other metals. The water is hard in character but not unduly so and it contains no excess of salinity or mineral constituents in solution. It is free from noticeable colour, of very satisfactory organic quality and of the highest standard of bacterial purity.

The results are consistent with a pure and wholesome water suitable for drinking and domestic purposes.

(Signed) GORDON MILES,

for The Counties Public Health Laboratories.

27th December, 1950.

(b) Private Water Supplies

In the northern area of the Borough, a population of about 600 in Canford Magna is supplied by a private supply belonging to Canford School. The supply is taken from a steel-lined artesian bore-hole in the underlying chalk at Canford. The raw water, though hard, is normally of a very high standard of purity, but as a precaution, automatic chlorination is carried out before distribution.

During the year, 14 samples of the raw water were taken for bacteriological examination. During the months of May, June and July, 8 samples showed evidence of pollution of non-faecal origin. The cause of the pollution was not discovered but the water gradually

improved until by August it was again "Class I" — the normal standard of the water. During this period the dose of Chlorine was increased as a precaution and the 10 samples of the chlorinated supply taken from the distribution system were all "Class I".

In the rural part of the Canford area, outside the area of the piped supplies, there are 20 houses on small private supplies, i.e., springs and wells. This is a reduction of one on the number in 1949. During the year, 44 samples were taken from these supplies. Of these 25 were highly satisfactory (Class 1), 5 were satisfactory (Class 2), 1 was suspicious (Class 3), and 13 were unsatisfactory (Class 4). The 13 unsatisfactory samples were obtained from five wells. One of these has now been replaced by a mains supply; the other four wells are situated in isolated areas where alternative supplies are not available.

DRAINAGE AND SEWERAGE

There are four main sewerage systems in the Borough. The principal system drains Poole, Longfleet, Parkstone and Sandbanks and discharges into the sea at Shore Road. Another major system drains Newtown, Rossmore, Wallisdown, Branksome and Canford Cliffs and discharges into the sea at Branksome Chine. At Sandbanks the outfall is 1,800 feet from the shore and at Branksome Chine 1,050 feet. At both outfalls discharge is by pumping at all tides, the sewage being treated by disintegration and chlorination carried out in the pumps on the shore end of the outfall sewers.

Two smaller areas, Broadstone and Hamworthy, are drained separately. Broadstone is drained to a modern sewage disposal works at Creekmoor from which the filtered effluent is discharged into Holes Bay near Fleets Bridge. Hamworthy is drained to a smaller and older disposal plant on the southern shore of Holes Bay and the filtered effluent discharged into Holes Bay.

Sewerage in the Borough is on the "separate" system, separate sewers being provided for soil and road surface water drainage. Roof and surface water drainage from individual premises is chiefly disposed of in soakaways.

The greater part of the Canford area and the western end of Hamworthy, approximately 7,000 acres in extent and mostly semi-rural in character, are unsewered and in these areas drainage is mainly by cesspools, septic tanks or small disposal plants.

Except for the sewerage of the Council's new housing estates in the Wallisdown area no major works of sewerage were carried out in 1950 and the position regarding the schemes to deal with the major unsewered areas of the Borough is much the same as stated in the 1949 Annual Report.

In the Creekmoor area Borley Road was sewered during the year. This leaves Creekmore Lane and one other lane to be dealt with to complete the scheme.

The scheme for the construction of new sewage disposal works at Hamworthy and for the sewerage of the western part of Hamworthy was still under consideration by the Ministry of Health at the end of the year, but it is hoped that work will be started on the scheme in the very near future.

Plans are in hand for the carrying out of part of the scheme for the sewerage of the Waterloo area, including the extension of the Broadstone Disposal Works, in conjunction with the proposed Waterloo Housing Scheme at Sopers Lane.

Apart from the Hamworthy and Waterloo areas already mentioned, the principal unsewered areas of the Borough are the development areas of Merley, Canford Magna and Bearwood in the semi-rural district taken over from the Poole Rural District in 1933. The potential danger to public health from the lack of sewers in these areas has been stressed in every Annual Report since the district was taken over. In 1936 the danger materialised in the outbreak of typhoid fever which occurred in the area. The sewerage of these areas was then considered to be a matter of urgency. The danger to public health still remains and the urgency for the removal of the risk by the sewerage of the area has increased sharply with the resumption of building in the district. This is a risk which should not be carried any longer.

A scheme has been prepared to sewer these areas and to discharge the sewage into sewers to be laid by the Wimborne and Cranborne Rural District Council to discharge into the Kinson Disposal Works, of the Bournemouth Corporation. In the Annual Report for 1949 it was reported that negotiations had been started with these local authorities and these are still in progress.

CLOSET ACCOMMODATION

There are 652 cesspools and 248 pail-closets in the Borough, distributed as follows:

					Cesspools	Pail Closets
Canford (development areas)	...	...	...	...	302	47
Canford (isolated houses)	...	...	...	...	102	46
Broadstone	...	...	...	...	11	2
Waterloo	...	...	...	...	83	20
Creekmoor	...	...	...	...	15	28
Hamworthy	...	...	...	...	108	66
Parkstone, etc.	...	...	...	...	31	39
					<hr/> 652	<hr/> 248

During 1950, 21 cesspool drainage systems were connected to the sewer. 19 new cesspools were constructed. 12 pail closets were converted to water closets and connected to the sewer.

The Council provides a full cesspool-emptying service for the unsewered areas of the Borough. Most of the pail closets are also emptied by the Council but at a number of isolated houses in the semi-rural areas the closets have to be emptied by the occupier and the contents buried in the gardens. This practice must be condemned as likely to aid the spread of infectious disease and parasitic infestations.

Cesspools and pail closets are not only a primitive method of sanitation for a progressive urban area, they are an expensive anachronism which may at any time become a menace to public health.

PUBLIC CLEANSING

These services are carried out by the Borough Engineer's Department under the direction of the Public Health Committee. I am indebted to the Borough Engineer for the following summarised figures applicable to the year ending 31st March, 1951 :—

House Refuse Collection and Disposal (Combined)

Net cost	...	...	...	...	...	£42,844
Net cost per ton collected	...	...	...	...	...	£2.18
Net cost per 1,000 of population	...	...	...	...	...	£516.2
Net cost per 1,000 dwellings	...	...	...	...	...	£1800.36
Cwts. collected per 1,000 population per day	...	...	...	...	...	13.14 cwts.
Tonnage of refuse collected for year	...	...	...	...	...	19,661 tons

Street Cleaning and Gulley Cleaning

Total mileage of roads cleaned	...	...	...	...	132.4 miles
Net cost per mile	...	...	...	...	£131.08
Net cost per 1,000 of population	...	...	...	...	£210.29

RIVERS AND STREAMS

The Canford area contains a number of watercourses and streams which flow through unsewered development areas and then through dairy farm areas to the River Stour.

The river Stour forms the northern boundary of this area. The river is known to be subject to pollution but there is no known source of pollution on the Poole side of the river. The only sewage

disposal works within the Borough boundary in this area is at Canford School. After full biological treatment the final filtrate from this plant is chlorinated before discharge into a stream which discharges into the River Stour at Knighton, about one mile distant. This effluent and stream is sampled regularly for residual chlorine and bacteriological examinations and the results are uniformly highly satisfactory.

In this area there are over 300 cesspools or septic tank drainage systems, many of which are situated in very close proximity to water courses and streams. Since the area was taken over in 1933 all known sources of direct pollution of streams have been cut out, but many of the cesspools and septic tanks are situated so close to water-courses that indirect pollution through soakage and sub-soil percolation is almost inevitable and direct pollution from overflowing cesspools may occur at any time. This ever-present risk of pollution of streams in this area forms a source of potential danger which will not be removed until the area is sewered.

Very careful attention is now paid to the disposal of sewage from new buildings in this area. New septic tank systems are not permitted. Sewage disposal plants are only approved where the area, level and nature of the site are suitable, the filters being fitted with automatic distributors and the filtrate disposed of by sub-irrigation. Filtered effluents are permitted to discharge direct to streams and ditches only where the effluent is effectively sterilised by automatic chlorination. Where these conditions cannot be fulfilled watertight cesspools of adequate capacity (not less than 2,000 gallons) are required.

In another area of the Borough an investigation into the deaths of two cows revealed the contamination of a watercourse by cyanide from an adjacent factory. Waste cyanide from a case-hardening process had been dumped in ground pits for weathering and this led to contamination of the subsoil water draining to the watercourse. The cyanide is now disposed of by neutralisation treatment elsewhere.

SANITARY INSPECTION OF THE AREA

The Sanitary Inspectorate of the Borough consists of one Senior Sanitary Inspector, five District Inspectors and one Meat Inspector. The Meat Inspector was appointed in November, 1950, and is engaged wholly on meat inspection duties at the Ministry of Food Slaughterhouse. The District Inspectors carry out all the normal duties of Sanitary Inspectors and in addition the duties of Food Inspectors, Food and Drugs Sampling Officers and Diseases of Animals Inspectors for the Borough. The Senior Sanitary Inspector and one District Inspector

have also duties as Port Health Inspector and Deputy Port Health Inspector respectively.

To carry out effectively the normal sanitary inspection of an area, a minimum of one sanitary inspector per 10,000 population was recommended by the Local Government Board in 1910. Since then duties have increased and under present conditions it is probable that this figure should now be at least one inspector per 8,000 population. The population of the Borough is 82,000, and the maximum number of inspectors available for normal district duties is five, i.e., one inspector per 16,400 population. This number is very inadequate having regard to the duties to be carried out and the sanitary circumstances of the Borough. The staff of inspectors is barely sufficient for dealing with complaints and the more pressing of the day-to-day sanitary work, and leaves no margin for the regular routine work necessary for steady and progressive improvement in the sanitary circumstances of the Borough. If this improvement is to be obtained an increase in the number of inspectors is essential.

The total number of visits and inspections made by the sanitary inspectors during the year was 14,811.

1,338 complaints were received and investigated.

A summary of the work of the sanitary inspectors during the year is given in the following Tabular Statement.

SUMMARY OF SANITARY INSPECTORS' ANNUAL TABULAR STATEMENTS.

VISITS

Housing						
Re Defects	...	...	...	...	...	3629
Overcrowding	...	...	...	...	...	195
Dirty or Verminous Houses	...	...	...	...	...	147
Drainage						
Re Defects	...	...	...	...	...	2293
Surface Water, Ditches, Streams, etc.				...	...	482
Cesspools, Sewage Disposal Systems, etc.				...	...	414
Water Supply	...	...	...	...	...	176
Refuse	...	...	...	...	...	235
Infectious Disease	...	...	...	...	...	425
Insect Pests, etc.	...	...	...	...	...	124
Diseases of Animals	...	...	...	...	...	238

Food

Bakehouses	...	...	...	...	...	181
Slaughterhouses	...	...	...	...	...	800
Butchers' Shops	...	...	...	...	...	391
Fish Shops, etc.	...	...	...	...	...	294
General Food Shops and Premises	...	...	...	...	...	433
Restaurants, Kitchens, Food Prep. Premises, etc.	...	...	...	...	...	333
Ice Cream Premises	...	...	...	...	...	182
Dairies and Milk Shops	...	...	...	...	...	202
Sampling	...	...	...	...	...	723
Other Visits	...	...	...	...	...	326
Shops (Section 10, Shops Act)	...	...	...	...	...	34
Factories	...	...	...	...	...	416
Workplaces, Offices, etc.	...	...	...	...	...	81
Other Premises						
Lodging Houses	...	...	...	...	...	28
Moveable Dwellings...	...	...	...	...	...	80
Schools	...	...	...	...	...	84
Swimming Pools, Baths and Washhouses	...	...	...	...	...	33
Places of Public Entertainment	...	...	...	...	...	8
Public Conveniences	...	...	...	...	...	176
Stables and Piggeries	...	...	...	...	...	172
Other Visits	...	...	...	...	...	1040
Interviews	...	...	...	...	...	436
Total No. of Inspections and Visits	...	...	...	...	...	14811

WORK DONE

Housing

No. of houses inspected for housing defects	...	...	810
No. of houses recorded under Housing Regulations	...	...	8
No. of houses requiring repair	...	...	696
No. of houses repaired without formal action	...	...	632

Drainage

Choked drains cleared	...	...	212
Drains altered, repaired or reconstructed	...	...	354
Drains tested	...	...	592
Certificate tests carried out	...	...	12
Cesspools repaired or reconstructed	...	...	12
Cesspool drainage connected to sewer	...	...	21

Disinfections, etc., carried out

Infectious diseases	...	...	...	...	303
Verminous premises	...	...	...	...	50
Insect pests, etc.	...	...	...	...	67

General

Refuse—Dust bins replaced or provided	...	...	...	24
Food Premises—No. where defects remedied	...	...	...	101
Other Premises—No. where defects remedied	...	...	...	348
Complaints investigated	...	...	...	1338

NOTICES

No. of informal Notices served	...	...	...	1138
No. of Informal Notices complied with	...	...	...	1177
No. of Statutory Notices served	...	...	...	56
No. of Statutory Notices complied with	...	...	...	56

SHOPS AND OFFICES

During the year 34 inspections of shops (other than food shops) were made under Section 10 of the Shops Act, 1934, and Section 38 of the Shops Act, 1950, and action was taken in respect of 14 shops to secure compliance with the provisions relating to temperature, ventilation, washing facilities or sanitary conveniences. 81 visits were paid to offices and similar workplaces and in 21 instances action was taken in regard to the absence, insufficiency or defective condition of sanitary conveniences.

Owing to shortage of staff and the number of hours spent on meat inspection duties it has still not been possible for the Sanitary Inspectors to carry out a systematic survey and inspection of shops (other than food shops) and offices, but where complaints have been received, or conditions requiring improvement have been met, they have been dealt with.

CAMPING SITES

There are no licensed camping sites in the Borough and the only authorised sites in use during the year were the temporary camps of recognised youth organisations. Generally speaking, these presented no difficulties. One religious organisation has been given temporary Town Planning consent for the use of a site for a tented camp for a maximum period of 42 days and a maximum number of 150 persons. The camp is under strict control and no trouble has been experienced.

During the last year or two the Council have had under consideration the development of land on the harbour shore at Hamworthy for a camping site under their own control, but no progress has been made on the proposal. Where holiday camps are necessary it is desirable that these should be under direct Council control in order to confine their use to bona-fide holiday caravanners and prevent nuisance or deterioration of the amenities of the district. A large number of the seaside resorts on the south coast already successfully operate official caravan sites not only to meet a definite need but as a means of controlling unofficial camping.

It was again necessary, in a number of instances, to take action under section 269 of the Public Health Act, 1936, to prevent the use of unsuitable sites and premises for temporary housing accommodation. Only one licence for the use of a moveable dwelling was issued during the year.

Having regard to the present difficult housing position and the number of applications received for permission to use caravans as temporary housing accommodation the Council decided as a matter of general policy to issue licences for the use of caravans as temporary accommodation in the case of persons genuinely in need of housing accommodation who are owners of building plots and prepared to build as soon as a licence is received and who undertake to comply with the Standard Sanitary Conditions prescribed by the Council. Up to the end of the year no licences had been issued under this arrangement but the policy will meet the need of the genuine temporary caravan dweller without weakening the Council's control over caravan dwellings generally.

SMOKE ABATEMENT

It has not yet been possible to re-introduce routine observations on factory chimneys, but in six instances during the year action was taken to deal with smoke nuisance or grit emissions. In most of these the trouble was aggravated by the poor quality of coal which had to be used. With the assistance of the consulting engineers of the Ministry of Fuel considerable improvement was obtained in all factories except one, where an alternative type of fuel is being obtained.

The construction of the new electricity power station on the shores of Holes Bay at Hamworthy progressed rapidly during 1950 and the station is expected to come into partial operation in January, 1951. When completed, the plant will have a capacity of 200,000 kilowatts. The estimated coal consumption of the eight pulverised fuel boiler units is 350,000 to 400,000 tons per year.

In view of this development it was decided that it was desirable that information should be obtained of the existing state of atmospheric pollution in the Borough. After consultation with the Director of Observations at the Fuel Research Station, Greenwich, it was decided to carry out the recordings at four stations each equipped with a deposit gauge and one lead-peroxide instrument. The recordings were started on the 1st February, 1950, and a summary of the results for the 11 months ending December, 1950, before the new power station came into partial operation, is given below. These results will provide a useful standard for comparison in future years when the new power station has come into full operation.

Atmospheric Pollution Recordings for 11 Months ending December, 1950

Table I — Deposited Matter
Deposit in tons per square mile

	<i>Station 1 Old Council Offices</i>	<i>Station 2 Central Fire Station</i>	<i>Station 3 Municipal Buildings</i>	<i>Station 4 Paale Cemetery</i>
Soot ...	33.43	26.55	29.05	13.62
Ash ...	48.14	39.42	31.75	17.90
Soluble Salts	105.59	85.61	87.34	62.27
Total Deposits	187.16	151.58	148.14	93.79

In the above Table, "soluble matter" consists of any soluble salts in the deposits, including salts derived from the sea. As the prevailing wind is southwest this figure varies with weather conditions, gales and rough seas causing a greater deposition of salts in the area.

Table II — Sulphur Gases

The average daily deposit of Sulphur expressed as Sulphur Trioxide (SO_3) in milligrams per day per 100 square centimetres was :

<i>Station 1 Old Council Offices 0.86</i>	<i>Station 2 Central Fire Station 0.88</i>	<i>Station 3 Municipal Buildings 0.83</i>	<i>Station 4 Paale Cemetery 0.66</i>
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Sulphur Trioxide, when in contact with water, forms Sulphuric Acid and its presence in the atmosphere is one of the causes of corrosion of building materials.

Table III — Monthly Recordings

1950		Inches Rain- fall	Deposit in tons per sq. mile				50/3 m.g.s. per day per 100 sq. cms.
			Soot	Ash	Soluble Matter	Total	
Station No. 1 — Old Council Offices, Market Street, Poole							
February	...	5.62	4.59	5.22	24.53	34.34	1.69
March	...	1.43	3.69	6.91	6.28	16.88	1.37
April	...	2.50	3.35	5.32	6.67	15.34	1.03
May	...	2.00	2.91	5.00	4.95	12.86	0.73
June	...	1.04	3.12	4.42	5.23	12.77	0.61
July	...	4.77	2.52	3.22	7.22	12.96	0.77
August	...	2.36	2.93	2.94	5.97	11.84	0.59
September	...	3.26	2.25	2.90	10.85	16.00	0.54
October	...	0.98	2.79	3.41	7.23	13.43	0.66
November	...	5.38	3.21	3.63	14.83	21.67	0.44
December	...	2.42	2.07	5.17	11.83	19.07	1.08
Total for 11 months		31.76	33.43	48.14	105.59	187.16	Daily Average 0.86
Station No. 2 — Central Fire Station							
February	...	5.03	3.31	3.00	20.27	26.58	1.61
March	...	0.93	2.63	3.60	5.13	11.16	1.37
April	...	2.13	2.14	5.02	6.16	13.32	0.84
May	...	1.89	2.10	3.94	4.29	10.33	0.67
June	...	0.91	3.95	4.33	4.09	12.37	0.55
July	...	4.44	2.14	3.85	8.33	14.32	0.54
August	...	1.99	2.33	3.50	5.17	11.00	0.48
September	...	2.42	2.14	3.42	7.98	13.54	0.53
October	...	0.89	2.22	3.05	4.87	10.14	0.78
November	...	4.79	2.40	2.88	11.56	16.84	1.14
December	...	1.74	1.39	2.83	7.76	11.98	1.16
Total for 11 months		27.16	26.55	39.42	85.61	151.58	Daily Average 0.88
Station No. 3 — Municipal Buildings							
February	...	5.12	6.65	2.52	20.65	29.82	1.77
March	...	1.29	2.34	3.35	5.25	10.94	1.35
April	...	2.46	2.23	5.22	6.32	13.77	0.88
May	...	1.83	1.90	2.32	4.00	8.22	0.63
June	...	1.03	1.09	3.31	4.08	8.48	0.42
July	...	4.77	2.77	1.88	7.41	12.06	0.49
August	...	2.20	3.59	2.50	5.07	11.16	0.46
September	...	3.24	4.26	2.50	10.04	16.80	0.32
October	...	0.94	0.53	1.93	4.11	6.57	0.68
November	...	5.42	2.07	2.95	11.89	16.91	1.10
December	...	2.44	1.62	3.27	8.52	13.41	0.99
Total for 11 months		30.74	29.05	31.75	87.34	148.14	Daily Average 0.83

1950		<i>Inches Rain- fall</i>	<i>Deposit in tons per sq. mile</i>				<i>SO/3 m.g.s. per day per 100 sq. cms.</i>
			<i>Soot</i>	<i>Ash</i>	<i>Soluble Matter</i>	<i>Total</i>	
Station No. 4 — Poole Cemetery							
February	...	5.22	1.54	1.38	17.36	20.28	1.16
March	...	1.18	1.17	1.37	4.20	6.74	1.13
April	...	2.24	1.33	3.52	4.74	9.59	0.87
May	...	1.97	1.80	2.36	3.97	8.13	0.52
June	...	1.23	1.97	2.76	4.02	8.75	0.41
July	...	4.19	1.11	1.54	5.58	8.23	0.51
August	...	2.54	1.38	0.87	4.63	6.88	0.24
September	...	3.31	1.03	1.26	2.13	4.42	0.20
October	...	0.95	0.56	1.66	4.39	6.61	0.68
November	...	5.43	0.63	0.71	5.07	6.41	0.74
December	...	1.95	1.10	0.47	6.18	7.75	0.80
Total for 11 months		30.21	13.62	17.90	62.27	93.79	0.66
							Daily Average

SWIMMING BATHS AND POOLS

During the year two open-air sea water swimming baths were available to the public — the Corporation bath at Seldown and a privately owned bath at Lilliput. Both these baths are provided with efficient modern continuous action filtration and chlorination plants. During the season 25 routine samples of the water were taken for bacteriological examination; the results of these are given in the table below. In addition, a daily check of residual chlorine in the water was maintained by the baths staff and checked periodically by the Sanitary Inspectors.

Two private baths were also in use in the Borough. One of these has a filtration plant and one is dependent on chlorination by hand dosing. 9 samples of the water were taken from these baths during the season.

Results of samples of water from swimming baths :

<i>Baths</i>	<i>Number of samples</i>	<i>Class I</i>	<i>Class II</i>	<i>Class III</i>	<i>Class IV</i>
Baths used by public ...	25	18	4	2	1
Private Baths ...	9	7	—	—	2
TOTALS ...	34	25	4	2	3

The water in swimming baths used by the public is expected to be maintained at the same standard of purity as drinking water, i.e., Class I or II. To obtain this it is necessary to maintain an effective chlorine residual in the water at the outlet end of the bath. In the Corporation open air bath difficulty was experienced in maintaining an effective chlorine residual in all parts of the bath during peak periods. To overcome this breakpoint chlorination was introduced during the season. With this system a chlorine residual of from 1 to 2 parts per million was maintained throughout the bath and all samples were Class I.

There are two children's paddling pools in the Borough, one at the Pavilion, Sandbanks, and one in Hamworthy Park. During the summer months observations were kept on the condition of the water during the periods of maximum use and samples taken for bacteriological examination. The observations showed the need for some form of automatic treatment of the water in pools where there is not a continuous flow. As a result of the observations the Council closed the pool at Sandbanks until a chlorinator can be installed. Observations will be maintained on the Hamworthy pool during the summer in 1951.

SEA BATHING

"Perhaps the fullest benefits of bathing can be enjoyed only at the seaside"

This remark occurred in a recent editorial in the British Medical Journal on "Bathing in Rivers". The editor had pointed out that unfortunately it must be accepted that rivers will be bacterially polluted and that it would be idle to hope that they could by any practicable measures be maintained in a state of such purity as to comply with the standard prescribed in artificial swimming pools. He goes on to state that bathing in the open air is of more benefit than bathing in enclosed and often overcrowded artificial pools and then makes the statement quoted above. However, he adds the qualifying comment, "Even the sea is not free from dangerous bacterial pollution and popular beaches are often contaminated by discharges of sewage".

Few will question the editor's statement that the fullest benefits of bathing can be enjoyed only at the seaside but, I suggest, the bather should select with care the seaside resort where he proposes to bathe as the majority of the popular sea bathing resorts dispose of their sewage by emptying it into the sea, frequently at no great distances from the bathing beaches. Quite apart from the aesthetic objection to bathing in sewage-polluted water, from the health point of view bathing in polluted-water cannot be said to be devoid

of risk. The hazard may be impossible to estimate in terms of actual cases of illness, but nevertheless, there is a risk that most doctors recognise.

Poole Bay is a favourite resort for sea bathing. The sands extend for ten miles from Hengistbury Head in the east to Old Harry Rocks in the west, and provide the bathing beaches for the County Borough of Bournemouth and the Boroughs of Poole and Christchurch. Nature has endowed this bay with every desirable amenity for sea bathing — abundant sands, a warm equable climate with shelter from the north-east winds, shallow water for the non-swimmer and, with the exception of a few clearly indicated danger points, long stretches of water free from dangerous currents.

Recent bacteriological examinations carried out over a period spanning the winter and summer months show that there is gross sewage pollution of the waters of Poole Bay, high bacterial counts having been obtained repeatedly on the bathing beaches. In contrast, the waters of Poole Harbour, particularly on its western shores, and the sea water at Shell Bay and Studland are surprisingly pure, in some cases attaining the purity of a first-class drinking water. It is not remarkable that the water of the bathing beaches shows a high degree of contamination by sewage, as into the Bay no less than nine outfall sewers discharge the sewage of a population of a quarter of a million people, untreated except for disintegration and a modicum of chlorination. If these unwholesome discharges were eliminated or diverted for scientific treatment, Poole Bay would be not only the finest stretch of bathing beach in England, but aesthetically the most acceptable and hygienically the most salubrious.

Considerable attention is paid by the Ministry of Health and the Local Authorities to the protection of bathers using swimming pools and local baths and a standard of bacterial purity of these has been recommended, but as regards the bacterial purity of the sea-water on the bathing beaches around our shores little or no attention has been paid.

If the Borough and its adjoining health resorts wish to provide their visitors with the fullest benefits of sea bathing, in water pure both from the aesthetic and bacteriological aspects, the discharge of millions of gallons of sewage into the Bay should be stopped and the sewage should be treated by modern biological methods which will eliminate solid excreta and give an innocuous effluent.

Pollution of Poole Harbour in 1920

In 1920 an article published in the *Journal of Hygiene*§ reported on the pollution of Poole Harbour. The writer stated that, "The presence of the Isle of Wight to the eastward causes Poole Harbour and Poole Bay to have four tides instead of the usual two. About three quarters of an hour after the first high water the tide begins to ebb, but about $2\frac{3}{4}$ hours later it is high again. The first flood tide begins $4\frac{1}{2}$ hours before high water."

Samples of sea water were taken half-hourly at the bottle neck entrance to the harbour. The bacteriological findings were surprising and generally constant. The first incoming tide brought into the harbour sewage contaminated water, the second tide was not so heavily contaminated, and the water at outgoing tides was comparatively clean and free from organisms. His conclusion was that such pollution as there was of the harbour "came in from the open sea and not from the town of Poole or the rivers that flow into the top of the harbour".

§ Nankivell, A.T. (1920) *J. Hyg.* 18. 4.

DISINFESTATION

During 1950, 147 visits were made to dirty or verminous houses. 28 houses (including 9 Council houses) were found to be infested with bed bugs and were disinfested. In all cases the disinfestation was carried out by the Public Health Department at the expense of the owners or occupiers. The method used was spraying with a standard proprietary insecticide of the Pyrethrum-D.D.T. type. This method has been found to be satisfactory in practice, simple in operation, free from serious smell, and relatively cheap.

In order to prevent the spread of infestation to new Council houses, prospective tenants' rooms, bed furniture and bedding found to be verminous are disinfested by spraying, before the date of removal and again on the day of removal. Bedding found to be heavily infested is disinfested by steam or destroyed.

COMMON LODGING HOUSES

There are two registered Common Lodging Houses in the Borough. These can accommodate 49 men (27 and 22 respectively). They were inspected on 28 occasions during the year. In one of the houses a new washroom fitted with suitable washing and ablution facilities was provided during the year.

MOSQUITO CONTROL

Seven species of mosquitoes have been found within the Borough boundaries and another seven in the surrounding districts. Some notes on these were given in the Annual Report for 1946.

The method of control adopted within the area of the Borough is as follows. All major potential breeding grounds are known and these are kept under observation during the period March to September. Where breeding is found to be occurring the water is sprayed with a mixture of kerosene and heavy oil and one per cent. D.D.T. and the treatment repeated at intervals as found necessary. This has been found to be successful in controlling breeding in the potential breeding grounds dealt with. During 1950, 31 major potential breeding areas were sprayed in March, 23 in May and June and 15 in August.

Unfortunately the most numerous breeding places for mosquitoes are the small ornamental ponds, rainwater tanks, water butts, etc., in private gardens. These are difficult to control owing to the lack of co-operation of occupiers and frequently their existence and condition only become known as the result of complaints of mosquitoes in the neighbourhood.

It is difficult to estimate the extent to which the harbour back waters are breeding places, as large tracts of mudland are inaccessible and the largest areas are outside the Borough boundaries.

RODENT CONTROL.

Since 1944 the Council have provided a comprehensive service for the destruction of rats and mice on premises within the Borough. A full-time staff of one Rodent Officer and 3 Operatives is employed in this work, working on the methods laid down by the Infestation Division of the Ministry of Agriculture and Fisheries.

During 1950, the "Block Control" system was operated in conjunction with investigation of complaints, i.e., when a complaint was investigated, a survey was made of the surrounding area and the whole area dealt with in one block.

A summary of the work done in rodent destruction in 1950 is as follows:—

Type of Vermin	L.A. Premises	Private Premises	Business Premises	Total
RATS				
Total No. of visits made by staff ...	102	9484	1757	11343
Total No. of premises inspected:-				
(a) On complaint	15	739	132	886
(b) On survey	12	4529	428	4969
Total No. of premises found infested:—				
(a) On complaint	12	566	113	691
(b) On survey	—	310	188	498
No. of premises treated	12	876	301	1189
No. of premises cleared	11	836	277	1124
No. of premises re-treated and cleared	—	64	37	101
No. of pre-baits laid	170	9542	4817	14529
No. of poison baits laid	50	2340	1318	3708
No. of post-baits laid	5	503	96	604
No. of instances where other methods used	9	45	32	86
Estimated No. of rats destroyed	116	5654	2399	8169
No. of bodies of rats recovered	48	2118	1346	3512
MICE				
No. of complaints received ...	7	110	38	155
No. of premises treated	7	111	38	156
No. of premises cleared	7	107	36	150
OTHER VERMIN	Nil	Nil	Nil	Nil

Treatment for rat infestations was mainly baiting, but all methods of destruction were employed. The estimate of the number of rats destroyed is based on the Infestation Division's system of calculation, but the number of bodies recovered from the surface shows the figure to be a conservative one, as in the poison baiting system of destruction most of the rats die underground.

During the summer, 300 sewer man-holes in the Borough were test-baited without a single "take" being recorded.

Treatment for mice infestations was mainly by trapping and in most instances this was done by the occupiers of the premises themselves after instruction and advice by the Rodent Officer.

DISEASES OF ANIMALS

For the second year in succession there were no outbreaks of Foot and Mouth Disease in the Borough or within the 15 miles radius.

During the last 5 months of the year there was a severe outbreak of Swine Fever in the Newtown area of Parkstone. Notifications of suspected Swine Fever were received in respect of 27 piggeries and in 7 premises the presence of Swine Fever was confirmed by the Ministry of Agriculture and Fisheries. All healthy pigs on the premises concerned were sent to the Ministry of Food Slaughterhouse for emergency slaughter and the premises cleared with the death or slaughter on the premises of all affected pigs. By the end of the year the outbreak appeared to have cleared up.

There are about 120 piggeries in existence in the Borough. Many of these are on a commercial scale and the number and size of these is increasing rapidly. On the other hand the number of small domestic pigkeepers appears to be decreasing. 172 visits of inspection were made to piggeries during the year.

FACTORIES

The number of factories registered is 275.

The number of inspections made during the year was 416.

Generally, no great difficulty was experienced in dealing with nuisances or with the remedy of defects involving additional construction such as the reconstruction or improvement of sanitary conveniences, but the improvements cannot be secured as quickly as in "pre-war" years and considerable tolerance has to be exercised in the time allowed for alterations to be carried out. One exception is the difficulty in securing plain white glazed slabs for urinals. These are almost unobtainable in this district and when obtainable the cost is prohibitive. The only suitable alternative — slate is equally as scarce and as costly. Many works' urinals require modernisation but until these slabs are available no satisfactory improvement can be secured.

Particulars of the inspections of factories are set out in the table below :

THE FACTORIES ACT, 1937

Part I of the Act

1. Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	No. on Register	Number of :—		
		Inspections	Written Notices	Occupiers Prosecuted
* (1) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authorities	22	47	4	—
† (2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	249	361	41	—
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	4	8	—	—
TOTAL	275	416	45	—

* — Factories in which no mechanical power is used.

† — Factories in which mechanical power is used.

2. Cases in which defects were found

(Defects discovered at premises on two, three or more separate occasions are reckoned as two, three or more "cases".)

Porticulars	No. of coses in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1) ...	2	2	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	2	2	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	6	3	—	2	—
(b) Unsuitable or defective ...	39	27	—	3	—
(c) Not separate for sexes ...	2	2	—	1	—
Other offences against the Act (not including offences relating to out- work)	—	—	—	—	—
TOTAL	51	36	—	6	—

OUTWORKERS

During the year lists containing the names and addresses of 98 outworkers were received from factories in the Borough. 45 of these were resident in the Borough, 53 were resident in other districts and their names and addresses were forwarded to the local authorities concerned. In addition 49 names and addresses of Outworkers were received from other local authorities, making a total of 94 Outworkers employed in the Borough, all in the clothing trade. In no instance was it found necessary to take any action with regard to unwholesome conditions. On one occasion disinfection of outworkers' materials was carried out because of the occurrence of infectious disease in the household.

SCHOOLS

During 1950, 84 visits of inspection were made to schools by the Sanitary Inspectors. All sanitary conveniences were regularly inspected and any defects or lack of cleanliness attended to where found. The disinfection of classrooms and the whitewashing of conveniences is carried out at all schools during the holiday periods as a matter of routine.

Generally speaking, the sanitary circumstances of the schools in the Borough are satisfactory. All schools are provided with main water supplies; washing facilities are fairly satisfactory and conveniences provided with modern pedestal wash-down water closets and reasonably satisfactory urinals.

During inspections particular attention was paid by the Sanitary Inspectors to the standard of hygiene in school kitchens and the attention of the supervisory staff persistently drawn to the importance of a high standard of hygiene in these premises. Copies of the Council's Clean Food By-laws were sent to every school canteen and during the Christmas vacation every member of the canteen staff attended a special half-day course on food hygiene during which talks were given on Food Poisoning, Food Hygiene and Clean Food By-laws. The talks were illustrated by films and film strips, including the full length film, "Serving Dinner in School".

SECTION 47, NATIONAL ASSISTANCE ACT, 1948

This section empowers the Council, where the Medical Officer of Health certifies that removal is necessary, to take steps to secure the removal of persons in need of care and attention to suitable premises. In order to facilitate action in urgent cases the Public Health Committee has delegated its powers to the Public Health (Legal Proceedings) Sub-Committee, who have now power to authorise the appropriate action to be taken.

During the year action had to be taken in respect of seven aged persons who were living alone and not receiving proper care and attention, but in only one instance was it necessary to make application for an Order for compulsory removal. This was in the case of a man aged 84 years occupying a room in a house, unable to care for himself and refusing to allow anyone else to look after him so that he was a danger to himself and a nuisance to the other occupants of the house. On an order of the Court he was removed to a hospital for aged and infirm persons where he settled down quite happily.

The other six persons were persuaded to enter a hospital for aged and infirm persons voluntarily.

SECTION D

HOUSING

Number of Houses in occupation in the Borough

The total number of dwelling houses occupied and void was 23,849. 323 houses were still under construction on 31st December, 1950.

Year	Over £22 R.V.		Under £22 R.V.		Total		Popula- tion	Persons per occupied House
	Occupied	Void	Occupied	Void	Occupied	Void		
1946	5425	49	16117	82	21542	131	76330	3.52
1947	5535	27	16805	64	22340	91	78720	3.53
1948	5596	59	17243	73	22839	132	80480	3.52
1949	5842	50	17616	95	23458	145	81130	3.46
1950	5964	61	17740	84	23704	145	82140	3.47

New House Construction

1. Total number of units of accommodation completed in 1950	...	...	...	587
New traditional houses and flats	...			542
Conversions and adaptations (flats)	...			45
2. Houses and flats in above which form part of Municipal Schemes	...	...		436
3. Total number of units of accommodation under construction as at 31.12.50	...			323
New traditional houses	...	...	...	315
Conversions and adaptations (flats)	...			8
4. Houses and flats in above which form part of Municipal Schemes	...	...	...	259
5. Number of houses included in Municipal Schemes, approved, but not actually under construction at 31.12.50	...	...	...	90

Council Houses

The number of houses erected by the Council prior to 1945 was 995. During the six years, 1945 to 1950 (inclusive) a further 1,825 houses (including 200 "Prefabs") were erected, making the total number of houses erected by the Council up to the end of 1950, 2,820.

Re-housing

Number of Applications on Council list at 31/12/49	...	...	3,262
Number cancelled on revision of list	...	...	631
			<hr/> 2,631 <hr/>
Number of Applicants on Council list at 31/12/50	...	...	3,056
Number cancelled on revision of list	...	...	690
			<hr/> 2,366 <hr/>

The yearly numbers of new applications for housing accommodation since 1945 have been as follows :

1945	...	...	1,538
1946	...	...	2,079
1947	...	...	1,068
1948	...	...	1,101
1949	...	...	947
1950	...	...	932

The number of applicants housed during 1949 was 317.

The number of applicants housed during 1950 was 476.

Existing Housing Conditions

The housing situation continues to be very serious but it is difficult to assess the real extent of the problem owing to the lack of up-to-date information on existing housing conditions and re-housing needs. The only information available at present is the number of applicants on the Council's register for housing accommodation and the number of unfit houses scheduled for demolition. The number of applicants on the register at the end of the year was 2,366 — 896 less than in 1949. The decrease is partly due to the re-housing of 476 families in 1950 and partly to a revision of the register.

On the 31st December, 1950, there were still in existence, mainly in the Old Town area, 707 unfit houses which in 1938 had been scheduled for demolition. Of these 13 were completely derelict, 15 were closed and boarded up, 12 were being used for storage and other purposes and 667 were still in occupation. These houses are insanitary, unfit for habitation and incapable of being made fit — and were in this condition before 1938. Many have been so long in this state that they are now beyond even temporary repair and their maintenance in occupation has become impracticable. As a matter of national policy clearance work has been in abeyance since

1939; nevertheless, the Council had hoped to make a start on the clearance of at least one area in 1950 but this has not been practicable. The only practical solution to existing difficulties is the immediate resumption of slum clearance work.

During the year action was taken with regard to a number of individual houses where conditions were particularly bad. Two formal Demolition Orders were made. 11 houses were demolished; 8 in pursuance of demolition orders and 3 voluntarily. The former included a group of 7 "bungalows" erected after the first world war which had been occupied by gipsy-type families and had become a menace to the public health of the district. In a number of instances where scheduled houses in the Old Town area became vacant the owners agreed to voluntary closure of the houses, or in certain cases to re-let only to couples without children, after minimum repairs had been carried out.

Another difficult housing problem is the repair of the lower-rented working-class houses. The growing disparity between fixed rents and rising costs of repairs has reduced the repair sections of the Housing Act to a dead letter and recourse has had to be made to the nuisance sections of the Public Health Act to secure the minimum of repairs. The reaction of owners is felt in the form of increased resistance to repair notices and in consequence the amount of work involved in getting even the simplest of repairs done has increased enormously within the last few years. Unless routine housing repair work can be resumed soon, numbers of rented working class houses which are still structurally sound will rapidly become unfit through disrepair and neglect.

A summary of the housing work carried out by the Sanitary Inspectors is shewn in the following table :

Housing Inspection

1. Inspections of dwelling-houses during the year :—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	810
(b) Number of inspections made for the purpose	...					3588
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932	...	...	...	...	...	8
(b) Number of inspections made for the purpose	...					41

(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	8
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...				696
2.	Remedy of Defects during the Year without service of formal Notices :—					
	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	...	...	...	...	632
3.	Action under Statutory Powers during the year :—					
(a)	Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—					
(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	...	...			Nil.
(2)	Number of dwelling-houses which were rendered fit after service of formal Notices :—					
(a)	By owners	...	...	...	...	Nil.
(b)	By Local Authority in default of owners	...				Nil.
(b)	Proceedings under Public Health Acts :—					
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	48
(2)	Number of dwelling-houses in which defects were remedied after service of formal Notices :—					
(a)	By owners	...	...	...	...	44
(b)	By Local Authority in default of owners	...				10
(c)	Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—					
(1)	Number of dwelling-houses in respect of which Demolition Orders were made	...	...			2
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...			8

(d) Proceedings under Section 12 of the Housing Act, 1936 :—

- | | | | | | | |
|---|-----|-----|-----|-----|-----|------|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | ... | ... | ... | ... | ... | Nil. |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | ... | ... | ... | ... | ... | Nil. |

SECTION E

INSPECTION AND SUPERVISION OF FOOD

Food Premises

The inspection and supervision of food premises form a very large and increasingly important part of the Sanitary Inspectors' duties and in 1950, 4,265 visits were made to food premises in the Borough. This represents nearly 30 per cent of all visits made by the Sanitary Inspectors.

During the previous two years a considerable amount of work had been done in bringing food premises and particularly food preparation premises up to modern standards. In 1950 it was decided that a stage had been reached where a time limit could be prescribed within which all food premises should comply with whatever standards were applicable to them, and in October 1950 the Council approved a programme to achieve this. This programme requires :

- (a) all food premises to be brought up forthwith to the minimum standard of Section 13 of the Food and Drugs Act, 1938;
- (b) existing registered food preparation premises to comply with the Council's Standard for Food Preparation Premises within a period of one year; and
- (c) every effort to be made to get all other food preparation premises for which registration is not compulsory up to the Council's Standard for Registered Food Premises within a period of two years.

To put this programme into operation a detailed re-survey and classification of all food premises was commenced in the autumn. Owing to shortage of staff and the pressure of other work this survey was still in progress at the end of the year but should be completed before the spring of 1951. As premises were surveyed agreement was reached with the management as to the improvements or alterations required or an informal notice sent to the firm. Having regard to difficulties with materials and licences and the high cost of labour and equipment the response by the traders has been very good and where delay has occurred in getting work done it has not always been the fault of the traders. In many instances they have been prepared to go beyond the requirements but have been unable to get a licence for the work. This has happened in a number of cases where the only remedy for bad conditions is rebuilding or reconstruction.

The bulk of the improvements agreed will not be completed until 1951 but the following table summarises the improvements carried out in 1950.

Improvement of Food Premises

1. No. of premises dealt with :						
No. reconstructed	...	...	...	...	...	13
No. where major improvements carried out	...	...	...	...	...	24
No. where minor improvements carried out	...	...	...	...	...	64
						101
2. Summary of improvements secured :						
Premises cleansed or redecorated	...	...	...	...	...	49
Washing facilities provided or improved	...	...	...	...	...	44
Cleansing facilities provided or improved	...	...	...	...	...	23
Refrigerated storage provided	...	...	...	...	...	32
Other food storage accommodation provided	...	...	...	...	...	13
Facilities for protection of food provided	...	...	...	...	...	8
Sanitary accommodation provided or improved	...	...	...	...	...	8
Other improvements secured	...	...	...	...	...	10
3. No. of unsatisfactory premises voluntarily closed	...	...	...	...	...	9

In the Annual Report for 1948, attention was drawn to the lack of adequate statutory power to enforce in cafe, restaurant and hotel kitchens a standard of space, construction, fittings and hygiene compatible with the amount and type of food preparation work carried on. In many of these premises, the proportion of space allocated to the kitchen is totally inadequate; frequently the only remedy is additional building or reconstruction and it is difficult to persuade traders to incur the heavy costs involved without the backing of specific legislation which at present is lacking. It is a bare statement of fact to say that nothing less than the compulsory registration of all commercial kitchens, with registration based on compliance with a statutory code of standard of premises will meet the situation.

Clean Food

During the year the Council adopted the Model Clean Food By-laws drafted by the Ministry of Food and these became operative on the 1st October, 1950. These by-laws prescribe measures for securing the observance of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food and the sale of food in the open air.

In November, 1950 the Public Health Committee approved a campaign to make the provisions of the By-laws widely known, to secure the co-operation of management and staff of food premises in their observance and to educate all persons handling food in the principles of food hygiene.

This policy was put into effect immediately. A copy of the Clean Food By-laws and of the Council's Standard for Food Preparation Premises, together with a personal letter from the Medical Officer of Health, was sent to every food trader in the Borough. Separate meetings of food manufacturers, caterers, butchers, fish traders, bakers, grocers, greengrocers, confectioners and licensed victuallers were held and the Clean Food By-laws, Standard for Premises and a suggested Code for guidance in the operation of the By-laws were explained to each class of traders and discussed with them. As a result of these discussions the suggested Code was modified in some respects and in its final form it was approved by the Council as a working basis for the guidance of inspectors and traders alike. The response of the traders has been very satisfactory and many of the recommendations in the Code have already been put into practice and the aim is to get the By-laws, as interpreted in the Code, into effective operation by the summer of 1951.

In November, 1950, a start was also made on the task of educating food-handling staff in the principles of food hygiene. It was decided that the first step should be to give a single talk to the maximum number of food-handling staff during the winter 1950/51 and to follow this up with an advanced course of training for key personnel in the winter 1951/52. The preliminary talk consisted of an elementary lecture on food poisoning and food hygiene illustrated by films and film strips. Up to the end of the year, 11 of these talks had been given to some 1,200 food-handling staff and the talks are being continued in 1951 until all sections of the food trade have been covered. In connection with the school meals service a special half-day course was arranged during the Christmas vacation and this was attended by all members of the school canteens and school meals service in the Borough.

Later, when food-handling staff have been adequately covered, it is proposed to extend the programme of education to the general public, particularly to the housewives.

Milk Supply

Dairies and Milk Shops

The number of Milk Distributors registered in the Borough is as follows:—

Wholesale Distributors	...	...	...	1
Wholesale and Retail Distributors	...	...	...	3
Retail Distributors	...	...	...	8
Retail Distributors from outside Borough	...	...	...	5
Sellers of bottled milk only	...	...	...	64

The number of registered premises in the Borough is as under:—

Creameries	...	...	...	...	...	1
Bottled Milk Depots	...	...	...	...	...	10
Dairies	...	...	...	...	...	10
Shops selling bottled milk only	...	...	...	...	...	64

The Milk (Special Designations) Orders and Regulations

The following licences were granted :

Pasteurised Milk—

Pasteurisers' licences	...	...	3
Dealers' licences	...	...	15
Supplementary licences	...	...	3
Licences for sale of sealed bottled milk	...	...	64

Tuberculin Tested Milk—

Bottlers' licences	...	...	4
Dealers' licences	...	...	15
Supplementary licences	...	...	4
Licences for sale of sealed bottled milk	...	...	14

Control of Treatment and Distribution of Milk

Since the 1st October, 1949, the Ministry of Agriculture and Fisheries has been responsible for the supervision of milk production and local authorities are now responsible only for supervision of treatment and distribution.

In the Borough, supervision of the milk supply is carried out by the inspection of premises, the checking of plant and methods and the bacteriological examination of the milk.

During 1950, 202 inspections of dairies and plant were made. 349 samples of milk were taken for bacteriological examination. All Pasteurised and Heat-treated milks were satisfactory to both Phosphatase and Methylene Blue tests, but of the raw milks, 7 out of 28 Tuberculin Tested milks and 3 out of 10 ungraded milks failed to pass the Methylene Blue test. Details of the results of the samples are shewn in the following table :

7 samples of Tuberculin Tested milk were taken for biological tests for presence of Tubercle bacilli. All were negative.

Samples of milk taken for bacteriological examination.

Grade of Milk	No. of samples	Results of Tests.					
		Phosphatase		Methylene Blue		Coliform	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised ...	214	214	Nil	214	Nil	—	—
Pasteurised Tuberculin Tested ...	67	67	Nil	67	Nil	—	—
Heat-treated ...	23	23	Nil	23	Nil	—	—
Tuberculin Tested	28	—	—	21	7	—	—
Ungraded ...	10	—	—	7	3	1	2
TOTAL ...	342	304	Nil	332	10	1	2

25 sample batches of washed bottles were taken for bottle rinse counts. 10 were satisfactory (under 200 organisms per pint bottle), 5 were fairly satisfactory (200-600), and 10 were unsatisfactory (over 2,000).

Pasteurisation

An average weekly sale of milk in the borough is about 45,000 gallons. Of this, about 42,000 gallons, or approximately 93%, are pasteurised or heat-treated.

The policy of the Council has been to secure that all milk sold in the Borough is pasteurised and sold as such and in the past every effort was made to secure compulsory powers for that purpose, but without success.

However, with the coming into operation of the Milk (Special Designations) Act, 1949, and the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949, there is every prospect of pasteurisation becoming compulsory in this area in the very near future.

At present a large proportion of the milk retailed in the Borough comes from two large operators outside the Borough who are already equipped with modern pasteurising plants. The one creamery within the Borough is at present being reconstructed and the existing heat-treatment plant is being replaced by a modern H.T.S.T. pasteurising plant which should be in operation by the spring of 1951.

Three small pasteurising plants of the holder type have been installed in the Borough within the past two years and one more is in hand and should be completed early in 1951. When these plants are in operation there will be ample plant available for the pasteurisation of all milk sold in the Borough, and the specification of the area under the Milk (Special Designations) Act, 1949, would be practicable.

Ice Cream

There are 201 premises in the Borough registered for the manufacture or sale of ice-cream. These are :—

Premises registered for manufacture ...	5
Premises registered for retail sale ...	50
Premises registered for retail sale of pre-packed ice cream only ...	146

All ice-cream manufactured or sold in the Borough is heat-treated. During the year there was again a big increase in the proportion of pre-packed ice-cream. Practically all small retailers have changed over to the pre-packed article and only one manufacturing retailer firm continues to sell bulk ice-cream for consumption off the premises. The public is beginning to show a definite preference for pre-packed as against bulk ice-cream and, provided the shortage of paper does not result in a set-back to this trend, pre-packed ice-cream will soon completely supplant bulk or "loose" ice-cream for consumption off the premises.

When the Ice-Cream (Heat Treatment, etc.) Regulations, 1947, came into force a "Provisional Standard of Fitness of Premises for the Manufacture or Sale of Ice Cream" was prepared in consultation with the ice-cream trade and this code was adopted by the Council as the standard for premises for registration. The introduction of this code has resulted in an immense improvement in the standard of premises, equipment and methods and all premises now registered comply with this standard. New premises are required to comply with the standard before registration.

Effective supervision of this section of the food industry is still hampered by the exclusion of cafes, restaurants, hotels, clubs and street traders from the registration provisions of Section 14 of the Food & Drugs Act, 1938.

92 samples of ice-cream were taken during the year for bacteriological examination and the results are set out in the table below. The test used is the Methylene Blue reduction test recommended by the Public Health Laboratory Service. Grades I and II are considered satisfactory and Grade IV unsatisfactory.

Samples of Ice Cream for Bacteriological Examination

Type	Na. taken	Grade I	Grade II	Grade III	Grade IV	Percentage unsatis- factory
From Manufacturers—Bulk Ice-cream	8	1	2	4	1	12.5
From Manufacturers—Pre- packed Ice-Cream ...	46	30	11	3	2	4.3
From Retailers—Bulk Ice- Cream	18	16	1	1	—	Nil
From Retailers—Pre-packed Ice-Cream	20	14	2	3	1	5.0
TOTAL	92	61	16	11	4	4.3

The percentage of unsatisfactory samples in the three previous years was, 1947, 27.5; 1948, 12.6; 1949, 4.8. Thus, since 1947 there has been a remarkable progressive reduction in the number of unsatisfactory samples and a figure below 5 per cent. for all types of samples must be considered reasonably satisfactory.

27 samples of ice-cream were taken for chemical analysis. The only standard available for comparison was that of a minimum of 2.5 per cent. fat prescribed by the Minister of Food for ice-cream made by manufacturers receiving the additional allocations of sugar. This standard was admittedly low and only one sample failed to pass it.

A summary of the fat content of the samples of ice-cream taken for analysis during 1950 and the preceding year is as follows :

Samples of Ice Cream for Chemical Analysis

Percentage of Fat	1949		1950	
	Na. of samples	Percentage of Total	Na. of samples	Percentage of Total
Less than 1	1	1.7	—	Nil
1 to 2.5	7	11.9	1	3.7
2.5 to 4	12	20.3	—	Nil
4 to 6	12	20.3	2	7.4
6 to 8	9	15.3	6	22.2
8 to 10	15	25.4	7	25.9
Over 10	3	5.1	11	40.8
TOTAL	59	100.0	27	100.0

Taken in conjunction with the results of the routine samples for bacteriological examination these results show the very considerable improvement secured in the quality of the ice-cream manufactured or sold in the Borough in 1950.

INSPECTION OF MEAT

Under the centralisation of slaughtering scheme of the Ministry of Food the slaughtering for the whole of the area between Lymington and Poole, an area with a population of about 290,000, is centralised in two slaughterhouses. The larger of these is situated in Poole and in this is carried out most of the slaughter for the area.

During the year, 800 spells of duty were carried out by the Sanitary Inspectors, during which every one of the 16,950 animals killed were inspected at the time of slaughter and a detailed examination of the carcase and offals made. The maintenance of a hundred per cent. standard of inspection involved a practically continuous duty for one or more inspectors daily and placed a very severe strain on the inspectorial staff, which was increased by the congested and sometimes dangerous conditions under which the work of inspection had to be carried out.

As a result of representations from the Council, the Ministry of Food prepared plans for the enlargement and improvement of the slaughterhouse in 1949. These were not carried out and the proposals were finally abandoned early in 1950. However, on further representations from the Council, the Ministry agreed to the appointment of an additional inspector for full-time meat inspection duties at the slaughterhouse, to carry out certain urgent improvements at the slaughterhouse forthwith and to fix a maximum limit to the number of animals which could be slaughtered per day.

The Council have appointed the additional inspector for meat inspection duties, but up to the end of the year no progress had been made on the improvements promised at the slaughterhouse though it was hoped to start on the work early in 1951. Despite the maximum limit on the number of animals slaughtered per day, the total number of animals slaughtered during the year was much higher than in 1949, amounting in the case of calves, sheep and pigs to 110 per cent. more. This was due to the maximum use of the slaughtering facilities available and to a more uniform distribution of the slaughtering over the period. Even so, it is evident that the slaughtering facilities and hanging accommodation are insufficient, particularly during the peak period of slaughter, and the Council have continued to press the Ministry for enlargement of the slaughterhouse to a size adequate for the amount of slaughtering carried on or the provision of additional accommodation.

During 1950, 32.5 per cent. of all cows and 19.7 of all cattle slaughtered were infected with Tuberculosis in some part or organ. 9 calf carcasses (0.5 per cent. of total) were condemned for Tuberculosis, mostly of congenital origin, and in all these instances the names and addresses of the senders were forwarded to the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries for the tracing and elimination of the dams concerned.

In the Annual Report for 1949, some notes on the prevalence of *Cysticercus bovis* in cattle were given. This cystic form of the tapeworm *Taenia saginata*, was found in 27 of the cattle slaughtered in 1950 compared with 32 in 1949. 17 of these cattle came from Dorset (11 in 1949). The maximum number of cysts found in any carcass was two and in no case was more than one organ infected. All the carcasses concerned were sent for freezing at 16° F. for three weeks, a treatment which effectually destroys the parasites.

In addition to slaughterhouse duties, 391 visits were made to butchers' shops for the inspection of meat and premises.

Particulars of the inspections of carcasses and offals at the slaughterhouse are given in the following tables :—

Carcasses Inspected and Condemned during the year 1950.

	<i>Cattle excluding cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	2789	1972	2633	7561	1995
Number Inspected	2789	1972	2633	7561	1995
All diseases except Tuberculosis— Whole carcasses condemned	6	22	17	15	93
Carcasses of which some part or organ was condemned ...	842	904	26	1918	745
Percentage of the number inspected affected with disease other than Tuberculosis	30.4	46.9	1.6	25.5	42.0
Tuberculosis only— Whole carcasses condemned ...	22	41	9	—	22
Carcasses of which some part or organ was condemned ...	333	600	3	—	81
Percentage of the number in- spected affected with Tubercu- losis	12.7	32.5	0.5	—	5.2

Meat Condemned.

<i>Meat</i>	<i>Tuberculosis</i>	<i>Other Diseases</i>	<i>Total Weight</i>
Beef	42,054 lbs.	15,645 lbs.	57,699 lbs.
Veal	675 „	959 „	1,634 „
Mutton	—	871 „	871 „
Pork	8,385 „	12,252 „	20,637 „
Offal	47,790 „	55,125 „	102,915 „
Total	98,904 lbs.	84,852 lbs.	183,756 lbs.

In addition, 961 lbs. of imported beef, mutton and pork and 584 lbs. of corned beef and mutton were condemned as unsound in butchers' shops.

Thus the total weight of meat and edible offal condemned in 1950 was:—

82 tons, 14 cwt., 1 qr., 25 lbs.

Inspection of Other Foods

Arising from the inspection of food in retail shops, etc., 2 tons, 4 cwts., 2 qrs. and 22 lbs. of foodstuffs (other than meat) were condemned and surrendered for destruction or salvage for animal feeding stuffs. These comprised :—

Bacon	...	...	...	...	310 lbs.
Poultry	...	...	...	...	31 lbs.
Sausages and Meat Products	...	...	...	...	227 lbs.
Fish	...	...	...	...	827 lbs.
Fats (Butter, Margarine, etc.)	...	...	...	...	57 lbs.
Cheese	...	...	...	...	66 lbs.
Fruit	...	...	...	...	30 lbs.
Dried Fruit	...	...	...	...	180 lbs.
Cakes, Biscuits, etc.	...	...	...	...	57 lbs.
Flour and Cereals	...	...	...	...	524 lbs.
Jams and Preserves	...	...	...	...	214 lbs.
Confectionery	...	...	...	...	94 lbs.
Other Foods	...	...	...	...	432 lbs.
Tinned Foodstuffs	...	...	...	...	3,208 tins
Eggs	...	...	...	...	1,762
					<hr/> 3,049 lbs.

The total weight of all food (including meat and edible offal) condemned in 1950 was 84 tons, 19 cwt. and 19 lbs.

Chemical and Bacteriological Examination of Food

Analyses of samples of foods and drugs taken under the Food and Drugs Act are carried out by the Public Analyst for the Borough, Mr. A. S. Carlos, B.Sc., F.R.I.C., Bournemouth, who also carries out any chemical examinations of food, water, etc., required by the Public Health Department.

During the year 11 samples of food were submitted by the Sanitary Inspectors to the Public Analyst for chemical examination on suspicion of unsoundness or contamination.

The Public Health Laboratory, Poole (Director: G. J. G. King, M.B., B.Ch.), is located in the Municipal Buildings, Poole, and all bacteriological examinations of foods required are carried out there. The facilities for examinations being so readily available, every use is made by the Sanitary Inspectors of these aids in their work in food inspection. Examinations carried out by the Laboratory include :

Routine bacteriological examinations of milk, ice-cream, soft drinks, shell-fish, etc.

Special examinations of foods for specific pathogenic organisms. Phosphatase, Methylene Blue and biological tests of milk samples. Churn and bottle rinses.

Microscopical examinations of specimens from slaughter-house for identification of diseases in meat inspection.

Microscopical examinations of cereals, etc., for mites, etc.

In all 1137 samples and specimens were submitted during the year by the sanitary inspectors for bacteriological or microscopical examination.

Food Poisoning

Three small outbreaks and one single case of food poisoning came to the notice of the Public Health Department during the year.

One outbreak affecting two persons was confirmed as being due to *Salmonella typhi-murium* (aertrycke). It is probable that the first person became infected from a hen said to have been suffering from diarrhoea when killed. The second person was probably infected when nursing the first. Three other hens were found to be sick. One died and was buried and two were killed. One of the latter was submitted for bacteriological examination and *Salmonella typhi-murium* recovered from the spleen and intestines.

One outbreak affecting 5 people was believed to be due to metallic poisoning, though this could not be confirmed.

In the third small outbreak and the single case, the sources of infection were not traced.

In all cases the patients concerned recovered.

Food and Drugs Adulteration

293 samples of foods and drugs were taken under the Food and Drugs Act, 1938, by the Sanitary Inspectors and sent to the Public Analyst for analysis.

The tables on pages 66, 67 and 68 give summaries of the samples taken, the results of analyses and notes of the action taken in respect of adulterated samples.

Mr. A. S. Carlos, B.Sc., F.R.I.C., is the Public Analyst for the Borough, and the section of his report which deals with his work under the Food and Drugs Act, 1938, is appended :

"The number of samples taken under the Sale of Food and Drugs Act, 1938, was 293. These consisted of 131 formal samples and 162 informal samples. 14 samples were adulterated or irregular, representing a percentage adulteration of 4.8. This shows a very considerable reduction when compared with the figure of 12.7 per cent. shewn in my last report.

"Milk.—89 samples were submitted for analysis, seven of which were described as Channel Island Milk. Four of the samples, one a Channel Island Milk, were found to be deficient in fat. The average composition of all the samples taken during the year compared with the previous one, is as follows :

	1949	1950
Fat	3.57 per cent.	3.51 per cent.
Solids not fat ...	8.93 per cent.	8.93 per cent.

"Ice Cream.—27 samples were submitted for analysis. Only one of these was found to be below the standard of not less than 2.5 per cent. of fat proposed by the Ministry of Food. The samples show a great improvement in the quality of ice-cream when compared with the previous year (see Table on page 59).

"Sausages.—10 samples of sausages were examined, and of these, two were found to be deficient in meat to the extent of 6.8 and 9.8 per cent. respectively. The latter was a sample of Pork Sausages taken under the Meat Products (Amendments) Order, 1950, which increased the minimum meat content in pork sausages from 50 to 65 per cent.

"Mincemeat.—All 4 samples of mincemeat submitted failed to comply with the requirements laid down by the Ministry of

Food, which stipulated that the soluble solids shall be not less than 65 per cent. and that acetic acid shall not exceed 0.5 per cent. Three samples were deficient in soluble solids and two contained excess of acetic acid.

"Baking and Golden Raising Powder.—All 6 samples examined were found to be genuine and of good quality and showed a great improvement on the samples taken during the previous year, 80 per cent. of which failed to comply with the recommended standards.

"Butter, Margarine and Cooking Fat.—All the 16 samples taken complied with the Act and were of very good quality.

"Other Samples.—The remainder of the samples of food submitted for analysis were found to be satisfactory with the exception of one informal sample of jelly which was deficient in sugar to the extent of 19 per cent.

"Drugs.—43 samples of various drugs were examined and only one failed to comply with the requirements of the British Pharmacopeia, 1948. This showed a very great improvement on the samples taken during 1949, when 12 out of 44 samples of drugs analysed were found to be irregular or adulterated.

"The adulterated sample consisted of Sweet Spirits of Nitre, which was 76 per cent. deficient in Ethyl Nitrite. The storage of this article presents great difficulty as it rapidly loses ethyl nitrite when exposed to air.

"Samples submitted for Special Examination.—11 samples were submitted for examination as to their fitness for human consumption. Four samples of tinned milk, one sample of tinned carrots and one sample of tinned raspberries were of poor quality or old stock, but were not unfit for human consumption. One sample of liquid egg showed decomposition and was unfit for human consumption. Two samples of ice lollies were examined for metallic contamination, but were free from any injurious substance. One sample of Sherriegg and one sample of meat pie were sound and fit for human consumption.

"New Orders.—During the year a number of new orders concerning food have come into force, and for convenience, those which chiefly concern the working of the Food and Drugs Act are listed in a separate table.

ARTHUR S. CARLOS, *Public Analyst.*

Samples taken for analysis under the Food and Drugs Act

	Formal	Informal	Total	Genuine	Adulterated
Foods					
Almonds, ground	-	1	1	1	-
Arrowroot	-	2	2	2	-
Baking Powder	-	5	5	5	-
Beer, draught	-	1	1	1	-
Butter	6	1	7	7	-
Cake Flour	1	-	1	1	-
Cheese	4	1	5	5	-
Cherries, glace	-	1	1	1	1
Cider	-	1	1	1	-
Cinnamon, ground	-	1	1	1	-
Cocoa	-	2	2	2	-
Cocoanut, desiccated	-	1	1	1	-
Cod Roes Spread	-	1	1	1	-
Coffee	1	1	2	2	-
Coffee & Chicory Extract	-	4	4	4	-
Cooking Fat	1	1	2	2	-
Cornflour	1	1	2	2	-
Curry Powder	-	3	3	3	-
Custard Powder	-	4	4	4	-
Dried Fruit, sultanas	1	-	1	1	-
Flour, plain	1	-	1	1	-
Flour, Self-Raising	4	-	4	4	-
Gelatine, powdered	-	3	3	3	-
Ginger, ground	-	3	3	3	-
Golden Raising Powder	-	1	1	1	-
Gravy Powder	-	2	2	2	-
Gravy Salt	-	1	1	1	-
Herbs, Mixed Dried	-	1	1	1	-
Honey	-	1	1	1	-
Horseradish Sauce	-	3	3	3	-
Ice Cream	1	26	27	26	1
Jelly Tablets	-	4	4	3	1
Lemonade Crystals	-	1	1	1	-
Margarine	6	1	7	7	-
Meat Paste	-	1	1	1	-
Meat Soup	-	1	1	1	-
Milk	79	10	89	84	5
Mincemeat	4	-	4	-	4
Mustard, compound	-	3	3	3	-
Oatmeal, prepared	1	-	1	1	-
Peas, split	-	1	1	1	-
Pepper, black	-	1	1	1	-
Pepper, white	-	1	1	1	-
Saccharine Tablets	-	3	3	3	-

Samples taken for analysis under the Food and Drugs Act—contd.

	Formal	Informal	Total	Genuine	Adulterated
Foods—continued					
Sago	1	—	1	1	—
Salad Cream	—	1	1	1	—
Sauce	—	1	1	1	—
Sausages, beef	8	—	8	7	1
Sausages, pork	2	—	2	1	1
Shredded Suet	3	—	3	3	—
Soft Drinks: Lemonade	—	2	2	2	—
Orange Squash	—	4	4	4	—
Orangeade	—	1	1	1	—
Soup Powder	—	3	3	3	—
Spice Mixed	—	2	2	2	—
Steak & Kidney Pie	—	1	1	1	—
Sugar, granulated	1	1	2	2	—
Tea	3	1	4	4	—
Tomato Ketchup	—	2	2	2	—
Vinegar, malt	1	—	1	1	—
Wine, Port style	—	1	1	1	—
Drugs					
Acetyl-Salicylic Acid and Phenacetin Tablets	—	1	1	1	—
Aspirin Tablets	—	1	1	1	—
Bicarbonate of Soda	—	4	4	4	—
Carbolic Ointment	—	1	1	1	—
Castor Oil	—	4	4	4	—
Citric Acid	—	1	1	1	—
Cream of Magnesia	—	1	1	1	—
Cream of Tartar	—	1	1	1	—
Epsom Salts	—	2	2	2	—
Eucalyptus Oil	—	5	5	5	—
Glauber Salts	—	2	2	2	—
Glycerine	—	1	1	1	—
Liquorice Powder, compound	—	1	1	1	—
Liquid Extract of Cascara	—	1	1	1	—
Olive Oil	—	1	1	1	—
Paregoric	1	—	1	1	—
Parrish's Syrup	—	1	1	1	—
Soda Mint Tablets	—	1	1	1	—
Sulphur, Flowers of	—	5	5	5	—
Sulphur Ointment	—	1	1	1	—
Sweet Spirits of Nitre	—	1	1	—	1
Syrup of Camphor	—	1	1	1	—
Syrup of Figs	—	1	1	1	—
Tartaric Acid	—	2	2	2	—
Zinc Ointment	—	2	2	2	—
TOTAL	131	162	293	279	14

Samples taken under the sale of Food and Drugs Act during 1950 and found to be Adulterated or irregular.

No.	Sample	Formal or Informal	Nature of Adulteration	Action taken
A.3	Minced meat	F.	2.46% deficient in Soluble Solids ... 0.48% excess of Acetic Acid.	Vendor cautioned.
A.4	"	F.	0.41% excess of Acetic Acid	Vendor cautioned.
B.50	"	F.	3.2% deficient in Soluble Solids	Vendor cautioned.
B.52	"	F.	6.5% deficient in Soluble Solids	Vendor cautioned.
B.7	Sausages, beef	F.	6.8% deficient in meat	Vendor cautioned.
B.47	pork	F.	9.8% deficient in meat	Vendor cautioned.
D.18	Milk	F.	9.3% deficient in fat	Vendor cautioned.
			Freezing point — 0.538° C.	
C.16	"	F.	32% deficient in fat	Formal "appeal to cow" sample (C.23) taken. Vendor cautioned.
			Freezing Point — 0.556° C.	
C.23	" (appeal to cow)	F.	8% deficient in fat	Appeal to cow sample. No action.
			Freezing point — 0.561° C.	
E.37	" Channel Island	I.	Fat 3.65% Freezing point — 0.588° C.	Referred to Ministry of Food.
A.48	" "	F.	Fat 3.48% Freezing point — 0.564° C.	Referred to Ministry of Food.
E.46	Ice Cream	I.	9.2 % deficient in Fat	Referred to Ministry of Food; Vendor ceased manufacture.
B.55	Sweet Spirits of Nitre	I.	76% deficient in Ethyl Nitrite	Vendor cautioned.
C.58	Table Jelly	I.	19% deficient in Sugar	No action; formal sample could not be obtained.

STATUTORY INSTRUMENTS ISSUED DURING 1950 CONCERNING FOOD & DRUGS

S.I. No.	1313	Flour (Amendment No. 3) Order, 1950.
„ „	589	Food Standards (Fish Cakes) Order, 1950.
„ „	1056	Food Standards (Preserves) (Amendment) Order, 1950.
„ „	1871	Food Standards (Preserves) (Amendment) Commencement Order, 1950.
„ „	1764	Meat Products and Canned Meat Amendment Order, 1950.
„ „	409	Milk (Special Designation) (Pasteurised and Sterilised Milk) (Amendment) Regulations, 1950.
„ „	410	Milk (Special Designation) (Raw Milk) (Amendment) Regulations, 1950.
„ „	1239	Mineral Oil in Food (Amendment) Order, 1950.
„ „	596	Soft Drinks (Amendment) Order, 1950.

SECTION F

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Although the Medical Officer of Health of a Sanitary Authority is responsible for the investigation and control of outbreaks of infectious diseases in his district, a Medical Officer of Health has no statutory responsibility for the clinical diagnosis of any case of suspected infectious disease.

Under the National Health Service Act, 1946, the Borough Infectious Diseases Hospital, which received patients from Poole and East Dorset passed, on the 5th July, 1948, to the South-West Metropolitan Regional Hospital Board, and the Medical Officer of Health, Poole, as such, was no longer responsible for the administration of the hospital or the treatment of the patients admitted. The administration of the Infectious Diseases Hospital became the responsibility of the Bournemouth and East Dorset Hospital Management Committee, and the treatment of the patients the responsibility of visiting physicians appointed by the Regional Hospital Board.

The Medical Officer of Health, Poole, has carried out clinical duties at this hospital since 1929 (and his Deputy since 1942) and, by their grading by the Regional Hospital Board as Consultant Physician in Infectious Diseases and Senior Hospital Medical Officer respectively, continuity of clinical care and close association of the preventive with the diagnostic and curative services in relation to infectious diseases have been preserved, to the mutual advantage of the Local Authorities and the Hospital Service. Effective liaison and co-operation have been maintained with the Medical Officers of Health of Bournemouth, Christchurch and the surrounding districts in East Dorset and West Hants served by the hospital.

Deaths

During 1950 there were no deaths in Poole from diphtheria, scarlet fever, whooping cough, measles, puerperal sepsis or the enteric group of fevers.

Diphtheria

For the first time in over 50 years not a single case of diphtheria occurred. This disease, which formerly was a grave menace to child health, has for the present disappeared from the Borough. This happy situation is largely due to the immunisation of the child population which has been assiduously practised since 1929.

The incidence of this disease and its death rate in Poole since 1907 are shown below :

<i>Year</i>	<i>Notification</i>	<i>Deaths</i>	<i>Year</i>	<i>Notification</i>	<i>Deaths</i>
1907	1.50	.58	1929	4.25	.26
1908	1.39	.24	1930	3.38	.15
1909	.89	.19	1931	1.55	.06
1910	2.07	.19	1932	.94	.02
1911	1.25	.23	1933	.19	.02
1912	1.70	.47	1934	.13	—
1913	1.21	.28	1935	.27	.04
1914	1.57	.17	1936	.29	.05
1915	.77	.12	1937	.16	.03
1916	1.06	.12	1938	.16	—
1917	1.06	.18	1939	.40	.04
1918	1.11	.17	1940	.56	—
1919	1.87	.10	1941	.18	.06
1920	3.25	.02	1942	1.06	.13
1921	1.52	.08	1943	.60	.13
1922	.60	.05	1944	.61	.03
1923	.11	—	1945	.15	.01
1924	.46	.03	1946	.10	.02
1925	.76	.05	1947	.06	—
1926	.26	—	1948	.01	—
1927	.04	—	1949	.01	—
1928	.85	.02	1950	—	—

That Poole is not alone in the remarkable decline in the incidence and mortality of this disease is shown by the following information supplied by the Ministry of Health.

“The provisional figure for deaths from diphtheria in England for 1949 (the latest full year for which a total is available) was 85, compared with an average of about 2,800 deaths annually in the 10-year period, 1931/40. *For the eighth year in succession, therefore, the number of deaths was the lowest ever recorded.* (The provisional number of deaths for the first half of 1950 was 32 compared with 53 for the same period of 1949.)

"The total of deaths and notifications during the past 10 years are as follows :

Year	Deaths	Cases	
		(Original Uncorrected)	(Corrected)
1940	2,480	46,281	—
1941	2,641	50,797	—
1942	1,827	41,404	—
1943	1,371	34,662	—
1944	934	(29,949)	23,152
1945	722	(25,246)	18,571
1946	472	(18,283)	11,967
1947	244	(10,465)	5,592
1948	156	(8,035)	3,560
1949	85*	(4,971)*	1,897*

* Provisional.

"The provisional figures of corrected notifications for the first half of 1950 are 565, compared with 1,149 for the same period of 1949."

From 1929 to 1935 I tried out in Poole the efficacy of various diphtheria prophylactics and in 1935 found that two small widely-spaced doses of alum precipitated toxoid, which up to then had been used elsewhere as a "single shot" method of immunisation, gave excellent immunising results.

I reported my findings at the Royal Sanitary Institute Congress, 1935, and at the Second International Congress for Microbiology, London, in 1936. † 500 children, aged 1-14, were immunised with alum precipitated toxoid in two small doses at an interval of four weeks, with minimal and negligible reactions. 300 of these children were Schick tested within two months of the second dose and in only one case was a positive obtained; a four-fold toxin was used in testing 117 of these children. From these results I concluded that this was a simple and highly efficient method of immunising against diphtheria. In 1940 the Ministry of Health in its Memorandum 170/Med recommended this procedure in its national campaign for diphtheria immunisation.

It is gratifying to record that this method, which was experimentally worked out in Poole in 1935, has proved its value with the passing of the years and is still the procedure most widely used not only in this country but elsewhere throughout the world.

† Chesney. Proc. 2nd. Internat. Congr. Microbiol. Lond. 1936, p. 483.

At the Annual Meeting of the British Medical Association, Belfast, 1937, in an address on Diphtheria Immunisation to the Section of Hygiene and Public Health, I concluded my paper with the following statement :

“With a general extension of the practice of active immunisation to the whole child community, this country could in a generation remove diphtheria from its place among the deadly diseases of childhood. Nearly seventeen hundred years elapsed between the recognition in the second century of diphtheria as a clinical entity, and the completion of the clinical picture of the disease in the early days of the nineteenth century. Another hundred years passed before the early results of active immunisation showed the world that the conquest of the disease was in sight. Will another hundred years be allowed to elapse before its elimination by active immunisation is an accomplished fact?”

Diphtheria has been banished for the present from Poole, and is declining rapidly in England, but a warning is opportune. Constant vigilance on the part of the health authorities and continued immunisation of the child population are essential if this enemy of the children is to be held in check.

Scarlet Fever

Of recent years this disease has become mild in type with few complications and the admission of cases to hospital has not been encouraged. Where, however, the facilities for home isolation are unsatisfactory, or where the case is associated with the distribution of milk or food, admission is arranged.

The term “Scarlet Fever” is misleading, both to the medical profession and to the public. The disease is so-called because of the occurrence of the bright red rash which is its most striking characteristic. This rash is the outward sign of an infection with a haemolytic streptococcus which is erythrogenic. In children the disease is essentially a tonsillitis, plus a rash. In adults this disease occurs usually as a tonsillitis, but without the rash, and the adult's tonsillitis is just as infective as that of the child. It is illogical to notify as suffering from an infectious disease a child with tonsillitis and a rash, and to disregard notification of the child's mother who has the same infection but no rash.

The following table shows the incidence of Scarlet Fever and the admissions to hospital during the past 10 years.

<i>Year</i>	<i>No. of Cases</i>	<i>Admitted to Hospital</i>
1941	127	118
1942	189	148
1943	100	66
1944	94	51
1945	49	24
1946	63	47
1947	63	40
1948	106	66
1949	49	33
1950	43	21

Poliomyelitis

This disease was made notifiable in 1912 but until 1947 its incidence was low in this country. Since 1947, however, there has been a marked increase in its prevalence and in this Poole has shared. The disease seems to follow a seasonal course, starting in late summer, reaching a maximum incidence in the autumn and thereafter falling to a low level in winter and spring.

No satisfactory explanation of the marked increase in the incidence of poliomyelitis of recent years in this country has been forthcoming, but the answer may be found among the following alternatives :

1. The loss by the community to some extent of its immunity to the indigenous virus;
2. An increase in the virulence of the "native" virus;
3. The introduction of a new strain of virus to which the community has yet to become immune.

When cases of poliomyelitis are occurring in a community the number of sub-clinical infections far exceeds the number of overt cases. It is probable that for every 100 persons infected with the virus of poliomyelitis only one shows appreciable clinical evidence of infection.

Poliomyelitis was formerly known as "infantile paralysis", but this is a misnomer as there has in recent years been a shift in the age incidence from the under fives to the older children and young adults, in fact it is, in my experience, in the young adults that the majority of the dangerous and often fatal bulbo-spinal cases occur.

During 1950 there were 15 cases notified in Poole, with 2 deaths. 7 cases were under 10 years of age, 3 cases in age group 10 to 20 years, and 5 cases were over 20 years of age.

Year	POOLE		ENGLAND & WALES	
	Notifications of Poliomyelitis	Deaths	Notifications of Poliomyelitis	Deaths
1941	1	—	959	160
1942	1	—	674	132
1943	—	—	456	90
1944	—	—	526	109
1945	6	—	853	139
1946	1	—	673	128
1947	15	3	7766	707
1948	4	—	1848	241
1949	31	2	5967	657
1950	15	2	7753	734

There is doubt as to how the virus invades the body. For some time it was regarded as being droplet-borne, gaining access to the central nervous system through the nasal mucosa. Of recent years more attention has been paid to the probable entry through the gastro-intestinal tract. It has been shown that the virus can be found in the pharynx for about a week after the onset of the disease and that the virus can be recovered from the faeces for 4-8 weeks. As a large number of those infected with the virus show no clinical evidence of the disease, the number of persons excreting the virus in their faeces during a time of epidemic prevalence may be considerable. For this reason it is wise, until the pathogenesis of poliomyelitis is more clearly established, to assume that the temporary intestinal carrier can play a considerable part in the dissemination of the infection, and preventive measures should pay considerable attention to the hygiene of the hands.

Measles

Measles became a notifiable disease in 1940, in which year there was a major outbreak in the Borough, 1,694 cases being notified.

In 1949 there was again a major outbreak, 1,134 cases being notified. This outbreak created in the child population a high level of immunity to the virus of measles, for in 1950 only 82 cases were recorded. The relative absence of measles in 1950 endangers the child population in subsequent years, 1951 or 1952, when a severe outbreak can be anticipated. The following table indicates that this disease tends to follow a biennial rhythm.

Year	Number of Cases of measles	Year	Number of cases of measles
1940	1694	1945	293
1941	326	1946	533
1942	736	1947	882
1943	353	1948	528
1944	725	1949	1134
		1950	82

Whooping Cough

The incidence of whooping cough was low during 1949 but there was a sharp rise in the number of cases in 1950, when 449 cases were notified. There were no deaths.

Tuberculosis

Up to the 5th July, 1948, the Medical Officer of Health of the County of Dorset was responsible for the county scheme for the diagnosis and treatment of tuberculosis. From the 5th July the diagnosis and treatment of tuberculosis became the responsibility of the Regional Hospital Board, Chest Physicians being appointed, but the Medical Officer of Health is still responsible for taking what steps he can to prevent and control this disease and his powers and duties under the Tuberculosis Regulations are not affected.

The disease has shown an increased incidence throughout the country during the war and post-war years. The housing shortage with its unavoidable overcrowding and the shortage of hospital beds for highly infective and incurable cases have been the main contributing factors in the increased incidence. Because tuberculosis, unlike the majority of other communicable diseases, is a slow infection which may not declare itself in an acute form for several years after the initial infection, there is a certain complacency in dealing with it as a preventable infectious disease. When the community has been taught that tuberculosis is an infectious disease which can be prevented, an educated public opinion will insist that a greater effort is made to secure its prevention.

In this connection, the fullest use should be made of the facilities offered by the Mass Radiography Units, as if this disease is detected in its early stages full recovery is more certain and the danger from undetected cases is reduced.

In the following Tables particulars are given of the position regarding the incidence of the disease in recent years.

	First Notifications		Formerly notified new residents		Deaths	
	Pulmonary	Other Forms	Pulmonary	Other Forms	Pulmonary	Other Forms
1925	59	18	12	1	33	6
1930	61	14	3	1	48	6
1935	47	14	12	—	52	3
1940	47	13	15	—	39	11
1941	53	10	14	—	42	5
1942	55	10	8	1	38	4
1943	55	17	12	1	34	2
1944	73	27	20	2	45	6
1945	49	11	27	2	37	5
1946	65	11	31	6	47	8
1947	87	11	37	2	40	3
1948	56	11	20	5	35	3
1949	55	10	37	—	22	1
1950	68	16	39	6	27	3

For the year under review, the details are as follows :—

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-	—	—	—	—	—	—	—	—
1-	1	—	1	1	1	—	1	—
5-	—	6	3	3	—	1	—	—
15-	8	17	2	1	1	1	—	—
25-	5	6	1	2	1	2	—	—
35-	2	7	—	1	3	1	—	—
45-	6	3	—	—	4	3	—	1
55-	3	2	—	—	2	1	—	—
65 & upwards	1	1	1	—	5	1	1	—
Totals	26	42	8	8	17	10	2	1

Of the deaths from the respiratory form:—

9 had been notified during 1950 1 had been notified during 1945
 6 " " " " 1949 1 " " " " 1943
 2 " " " " 1948 1 " " " " 1941
 4 " " " " 1947 1 " " " " 1939
 2 " " " " 1946

Of the 3 non-pulmonary deaths, 1 was due to tuberculosis of the spine, 1 to tuberculosis of the shoulder, and 1 to tuberculous meningitis.

**CASES ADMITTED TO ALDERNEY I.D. HOSPITAL
FROM POOLE BOROUGH DURING 1950**

Agranulocytosis	...	...	...	...	...	1
Abortion, septic	...	...	...	...	...	1
Cellulitis	...	...	...	...	...	1
Constipation	...	...	...	...	...	1
Contusion of hip	...	...	...	...	...	1
Encephalitis Lethargica	...	...	...	...	...	1
Enteritis	...	...	...	...	...	3
Erysipelas	...	...	...	...	...	4
Gastro-Enteritis	...	...	...	...	...	2
Glandular Fever	...	...	...	...	...	3
Hepatitis, infective	...	...	...	...	...	1
Landry's Paralysis	...	...	...	...	...	1
Laryngitis	...	...	...	...	...	1
Measles	...	...	...	...	...	2
Measles—Pneumonia	...	...	...	...	...	1
Meningitis, Pyogenic	...	...	...	...	...	1
Meningitis, Tubercular...	...	...	...	...	...	2
Ophthalmia Neonatorum	...	...	...	...	...	1
Osteitis of Glenoid Cavity	...	...	...	...	...	1
Paratyphoid B.	...	...	...	...	...	1
Paratyphoid B—(contact: baby)	...	...	...	...	...	1
Pneumonia	...	...	...	...	...	8
Poliomyelitis	...	...	...	...	...	15
Puerperal Pyrexia	...	...	...	...	...	2
Puerperal Sepsis	...	...	...	...	...	1
Pyelitis	...	...	...	...	...	1
P.U.O.	...	...	...	...	...	2
Salmonellosis (typhi-murium)	...	...	...	...	...	3
Scarlet Fever	...	...	...	...	...	22
Scarlet Fever and burns	...	...	...	...	...	1
Tonsillitis	...	...	...	...	...	4
Vincent's Angina and Bronchitis	...	...	...	...	...	1
Whooping Cough	...	...	...	...	...	3
Whooping Cough—Pneumonia	...	...	...	...	...	1
TOTAL						95

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1950

Disease	At all ages	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years	65 years and over
Measles	82	3	6	8	14	10	38	1	1	1	1	1	1
Whooping Cough	449	25	38	50	72	76	172	11	1	1	2	1	1
Scarlet Fever	43	—	3	3	3	2	26	3	—	2	1	8	—
Pneumonia	47	3	—	4	3	2	5	2	1	6	6	—	7
Puerperal Pyrexia	19	—	—	—	—	—	—	—	3	14	2	3	—
Erysipelas	19	—	—	—	—	—	—	—	—	1	6	2	—
Poliomyelitis	13	—	1	—	—	—	—	1	1	4	—	—	9
Dysentery	4	—	—	—	—	—	4	—	—	2	—	2	—
Opth. Neonatorum	7	7	—	—	—	—	1	—	—	2	—	—	—
Food Poisoning	10	1	—	1	—	1	—	—	—	3	1	1	—
Tuberculosis	84	—	—	3	—	—	7	5	21	21	10	14	3
Streptococcal Meningitis	1	—	—	—	—	—	1	—	—	—	—	—	—
Paratyphoid B.	1	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	779	39	48	69	92	91	255	23	28	55	29	29	21

BOROUGH OF POOLE



ANNUAL REPORT

of the

Port Medical Officer

On the Health of the Port of Poole

FOR THE YEAR

1950

PART II

PUBLIC HEALTH COMMITTEE, 1950 (acting as the Port Health Authority)

Chairman :

Alderman D. A. HAYNES, *J.P.*

Vice-Chairman :

Councillor F. V. CRAWSHAW

Aldermen :

S. D. BALLAM

J. BRIGHT, *J.P.*

A. B. HAYNES, *J.P.*

Councillars :

R. C. HART

Miss M. M. LLEWELLIN, *J.P.*

W. T. HASKINS

L. S. MILLER

Mrs. E. M. HICKINSON, *J.P.*

J. NEAL

J. W. RUSSELL, *J.P.*

S. R. RUTTER

Mrs. M. E. WALTERS

OFFICERS OF THE AUTHORITY

Clerk to the Port Health Authority :

WILSON KENYON, Town Clerk

Medical Officer of Health :

GEORGE CHESNEY, *M.D., D.P.H.*

Deputy Medical Officer of Health :

JAMES A. SINCLAIR, *M.B., D.P.H.*

Port Health Inspector :

ROBERT LEGGAT, *F.S.I.A.*

Deputy Port Health Inspector :

C. A. TRIM, *Cert. R.S.I.*

Radent Officer :

G. W. SKEGGS

Office Clerk :

Miss E. I. TAPPER

PREFACE

To the Chairman and Members of the Health Committee, acting as the Port Health Authority.

I submit for your information and consideration my Report for the year 1950. It is made in accordance with the regulations of the Ministry of Health, which prescribe the duties of the Medical Officer of Health, and with Ministry of Health Memorandum 302/S.A. dated December, 1946, and Circular 103/50, dated 12th October, 1950.

Constitution of the Port Health Authority

The Port was permanently constituted a Port Sanitary Authority by an order of the Local Government Board dated 21st September, 1887, and an amending order dated 27th February, 1909.

The Port Health Authority is the Mayor, Aldermen and Burgesses of the Borough, acting by the Council.

Ancient Limits of Jurisdiction, 1365-1609

On the 26th April, 1365, the Barons of Winchelsey sent to the Mayor and Burgesses of Poole the Winchelsey Certificate which clearly defined the maritime jurisdiction of the port which was known in those days as "the Haven of the Pole".

Bernard Short, the Borough Librarian, records: "It is clear to all who read this certificate that the people of Poole, in those early days, were keenly alive to their privileges. From time immemorial, down to the passing of the Municipal Corporations Act in 1835, Poole had always been favoured with an exempt admiralty jurisdiction, the Mayor being Admiral of the Port and President of the Admiralty Court."

In the "booke of admyrall courts" covering the period 1550 to 1834 there is a record of a court held in 1609 at which the jurors presented the following statement of the limits of Admiralty jurisdiction of the Port: "that the liberties, franchises and priviledges of this towne and poorte of Poole is knowne att this daye and from time to time before this days, whereof the memorie of man doth not know to the contrarie, is and begineth from a place called Shaggrogg, alias Shaggrocke, being about Russell poynte, and so goeth all alonge that channell yntill you come to North hauen poynte, and from the North hauen poynte as farre to seaward as a humber barrell maie be seene and described in the sea."

The ceremony of the "Beating of the Water Bounds" of the Port is still carried out with due pageantry by the Admiral of the Port of Poole,

The importance of the Port of Poole at the end of the 16th century is indicated by the Customs Return of the year 1595. In that year the dues collected at Poole amounted to £3,121 11s. 0d. In the same year the dues collected at Southampton were £1,478 19s. 3½d., at Bristol £1,533 11s. 9d., and at Cardiff £38 1s. 1d.

Limits of Jurisdiction, 1909

"The jurisdiction of the said Port Sanitary Authority shall extend to so much of the said Port of Poole as lies to the westward of a straight line drawn across the mouth of Poole Harbour from the easternmost point of North Haven to the easternmost point of South Haven ; together with the waters of the said port within such limits, and the place or places for the time being appointed as the Customs Boarding Station or Stations for such part of the said Port, and every other place for the time being appointed for the mooring or anchoring of ships for such part of the said Port, under any regulations for the prevention of the spread of diseases issued under the authority of the statutes in that behalf ; and the watersides of the District of the said Port Sanitary Authority constituted as aforesaid, and the docks, basins, harbours, creeks, rivers, channels, roads, bays and streams belonging to that part of the said Port for which such Authority is constituted as aforesaid."

Poole Seaport, 1950

During 1950, 255 foreign craft with a tonnage of 27,071 entered the port compared with 254 with a tonnage of 25,518 in 1949. There was a light decrease in the coastwise traffic, 695 vessels with a tonnage of 216,936, compared with 717 vessels with a tonnage of 194,616 in 1949.

An inspection of the administration of the Port Health Regulations in the Port was carried out on the 12th December, 1950, by Dr. R. H. Barrett of the Port and Air Port Division of the Ministry of Health. Dr. Barrett expressed satisfaction with the general arrangements and with the procedure adopted for the enforcement of the Regulations. A suggestion he made that more publicity be given regarding the treatment of venereal disease has already been put into practice.

The Annual Meeting of the Sea and Air Port Health Authorities of the British Isles was held at Grimsby on the 7th, 8th and 9th of June, 1950, and Councillor R. C. Hart and the Port Health Inspector, Mr. R. Leggat, attended as delegates of the Authority. Their report on the meeting showed that the Conference was both interesting and instructive.

I wish to express my thanks to the Harbour Master, Captain C. H. Horn, and the Officers of H.M. Customs for their ready co-operation and help during the year, and to the Port Health Inspector, Mr. R. Leggat (who has prepared the main portion of this report) and his Deputy, Mr. C. A. Trim, for their willing assistance and interest in the work.

Yours faithfully,

GEORGE CHESNEY,

Port Medical Officer.

June, 1951.

ANNUAL REPORT OF THE PORT MEDICAL OFFICER FOR THE YEAR 1950

The Medical Officer of Health of the Borough of Poole is also Port Medical Officer of Poole. He is assisted by the Deputy Medical Officer of Health, who is Deputy Port Medical Officer. The Senior Sanitary Inspector of the Borough is Port Health Inspector and is assisted by the Deputy Port Health Inspector. Close co-operation exists between the officers of H.M. Customs, the Harbour Master and the Port Medical Officers.

Poole is chiefly a cargo port, the majority of the vessels being engaged in the coastal transport of coal, oil and petrol, though there is also a regular traffic in timber from continental countries. During the summer the port is the base for pleasure steamers operating between the local seaside resorts, but this is the only passenger traffic. Fishing is still carried on from the port, though only during the sprat season are landings heavy. The harbour is one of the great yachting centres of Britain, and the building, servicing and repair of yachts and other boats is one of the industries of the port.

The public quay accommodation consists of 3,000 feet frontage, i.e., Hamworthy Quay 500ft. at 15ft., low water ordinary tide

Town Quay	1000ft. at 16ft.	"	"	"	"
	1000ft. at 15 to 10ft.	"	"	"	"
	500ft. shallow berthing (for yachts)				

There are also some 3,500 feet of private wharves, including 1,000 feet of new wharfing constructed in 1950 by the British Electricity Authority for the new power station at Hamworthy. All the public quays are serviced by railways. Unloading equipment consists of one 3-ton electric travelling crane belonging to the Harbour Commissioners and four electric cranes and two steam cranes belonging to private firms. There are, in addition, two privately-owned coal transporters each capable of dealing with between 1,000 tons and 1,200 tons of coal per day. Ship repairing facilities include seven yards capable of carrying out repairs to ships and yachts.

There is in the harbour an extensive area of safe anchorage. The depth of water at the Harbour Bar is 13 feet at mean low water springs and 19 feet at mean high water springs and both flood and ebb tides run at about $\frac{3}{4}$ of a knot. The channels are kept dredged and ships drawing 16 feet can enter the port at high tides.

The telegraphic address of the Port Health Authority is registered as "Portelth Poole".

I. Amount of Shipping Entering the Port during the Year 1950
Table A

<i>Class</i>	<i>Number</i>	<i>Tonnage</i>	<i>Number inspected by Sanitary Inspector</i>	<i>Number reported to be defective</i>	<i>Number of vessels on which defects were remedied</i>	<i>Number of vessels on which defects were found and reported to Ministry of Transport Surveyors</i>	<i>Number of vessels reported as having had, during the voyage, infectious disease on board</i>
Foreign							
Steamers ...	28	9942	19	2	2	Nil	Nil
*Motor ...	74	14089	52	1	—	—	—
Sailing ...	—	—	—	—	—	—	—
Fishing ...	—	—	—	—	—	—	—
Yachts ...	153	3040	—	—	—	—	—
Total Foreign	255	27071	71	3	2	—	—
Coastwise							
Steamers ...	276	153903	24	3	1	—	—
*Motor ...	419	63033	6	—	—	—	—
Sailing ...	—	—	—	—	—	—	—
Fishing ...	—	—	—	—	—	—	—
Total Coastwise	695	216936	30	3	1	—	—
Total Foreign and Coastwise	950	244007	101	6	3	—	—

* Includes mechanically propelled vessels other than steamers

II. Character of Trade of Port—

(a) There are no regular passenger services with other countries and the return for Table B (passenger traffic) is therefore "nil". During the summer passenger services are maintained between Poole, Bournemouth, Isle of Wight, Swanage and Weymouth.

(b) Cargo traffic — Imports from abroad were chiefly timber, fertilizer, stone and bog ore. The only exports were china clay, coke and spent oxide. Coastal traffic was chiefly in coal and oil.

(c) The chief ports and places from which vessels arrive are the Channel Islands, near French ports, Antwerp, Rotterdam, Hamburg and the Baltic ports.

III Water Supply

The water supply for the port and shipping is that from the town mains. This is a softened, filtered and chlorinated water of high bacterial purity. The supply was sampled every two or three days throughout the year and every sample was reported as Class I — highly satisfactory. The water supply is delivered direct to ships from the mains on the Quay. During the year 6 samples of the water supplies from the main were taken for bacteriological examination from ships at the Quay and all were reported as Class I — highly satisfactory. One small private water boat was in use in the harbour during part of the summer for the supply of water to small yachts. Two samples of the supply from this boat were taken during the season and reported as Class I.

IV. Port Health Regulations, 1933 and 1945

(1) Declarations of Health.

Supplies of the standard Declaration Forms are issued to the Harbour Master, the Customs Officers and the Pilots' Office. These are given by the first of these officers boarding ships to the Masters of ships on arrival within the harbour and returned to the Boarding Officer of the Customs, who forwards them immediately to the Port Medical Officer.

(2) Boarding of Vessels on arrival.

Vessels are boarded upon arrival by H.M. Customs Officers and arrangements have been made for the Boarding Officer to contact the Port Medical Officer immediately by 'phone in the case of inward vessels requiring special or immediate attention.

(3) Notifications of all ships arriving in the harbour are collected daily from the Harbour Master's Office for the use of the Port Medical Officer and the Port Health Inspectors.

(4) Mooring Stations.

A mooring station has been established at a point in the main channel, half way between Parkstone Shoal Light Buoy and Stakes Buoy, just clear of shipping. If so directed by the Port Medical Officer, the Southern end of the New Quay, Hamworthy, can be used also.

(5) Detention of Ships and Persons.

There are no standing exemptions from the provisions of Article 14.

(6) Occasion has not arisen for the application of Article 16 (Restriction on boarding or leaving ships not free from control).

(7) Arrangements for Medical Inspections, Hospital Accommodation, Disinfection, etc.

(a) Special premises for medical examinations have not been provided at the seaport. Medical inspection rooms and waiting rooms, etc., are, however, available at all times at the Local Authority's Clinic close to the Quay.

(b) The cleansing and disinfection facilities (including steam disinfection and cleansing stations) of the Local Authority are available to the Port Health Authority at all times for the cleansing and disinfection of ships, persons and clothing, and other articles.

(c) Temporary accommodation of persons for whom such accommodation is required for the purposes of the Regulations is available at the Alderney Infectious Diseases Hospital, Poole.

(d) Hospital accommodation is reserved at the Crabwood Smallpox Hospital, Winchester, for cases of smallpox. Other infectious diseases are treated at the Alderney Infectious Diseases Hospital, Poole.

(e) The full-time Ambulance Service of the Local Health Authority is available at all times.

(f) Supervision of contacts. Infectious diseases contacts proceeding home are provided with notification postcards for use if required and immediate notification sent to the Medical Officer of the district to which they are proceeding.

(8) and (9) Facilities for Bacteriological Examinations.

One of the constituent laboratories of the Public Health Laboratory Service of the Medical Research Council is located in Poole and provides facilities for routine and special bacteriological and pathological examinations, including the examination of rats for plague.

(10) Venereal Diseases.

Facilities for diagnosis and treatment for seamen suffering from Venereal Diseases are provided at two clinics, as follows :—

Poole General Hospital, Longfleet Road, Poole—Fridays, 5 p.m.

Apart from the weekly clinic arrangements have been made for seamen to obtain free treatment at this hospital on any day.

The Royal Victoria Hospital, Shelley Road, Boscombe—Wednesdays and Saturdays, 4 p.m.

Printed notices are made available for crews and display notices are also exhibited in suitable places in the vicinity of the Port.

(11) Arrangements for Interment of Dead.

Removal to Town Mortuary, where action is taken to secure burial.

(12) Cases of Infectious Sickness on Vessels.

No cases of infectious sickness were landed from vessels during the year and no cases occurred of a vessel having infectious sickness on board during a voyage to the Port. Tables C and D are therefore omitted.

V. Measures against Rodents

Poole is an "Approved Port" for the issue of Deratisation and Deratisation Exemption Certificates in accordance with the provisions of Article 28 of the International Sanitary Convention, 1926, and Articles 19, 20 and 21 of the Port Health Regulations, 1933, are enforced in the Port.

Both the Port Health Inspector and the Deputy Port Health Inspector have been trained in deratisation procedure.

The Rodent Control Staff (one Rodent Officer and three operatives) of the Local Authority are available for work in the Port and all warehouses etc., in the Port are included in the area of the Local Authority's rodent control scheme.

Measures taken in ships

Masters and crew are interrogated and the ship in general and the crews' quarters in particular are examined for evidence of rats during routine inspections of ships by Port Health Inspectors.

Where evidence is found or suspected, detailed examinations are made by the Rodent Officer and deratisation carried out by him. Methods used for small infestations are trapping and baiting (Ministry of Food systems). Fumigation by sulphur dioxide can also be carried

out in small infestations, but large scale fumigations would be carried out by arrangement with fumigation specialist firms from Southampton or London.

During inspections ships' deratisation or deratisation exemption certificates are examined as a matter of routine. On 12 ships the certificates were found to be out of date. Eight deratisation exemption certificates were issued after detailed inspection of ships and in the other four instances the ships were returning to their home ports for the renewal of certificates.

In only one instance was evidence of rats found on a ship inspected in the port during the year. Trial baiting was carried out but the ship sailed before the results were known. An advice note was sent to the Medical Officer of the port for which the ship sailed.

Measures taken on shore

Warehouses, etc., in the port area are surveyed yearly by the Rodent Control Staff of the Local Authority under their block control scheme and all infestations found dealt with. Methods used include trapping, baiting (Ministry of Food system) and gassing. Many of the warehouses in the Quay area are very old and difficult to rat-proof, but rat-proofing of premises, such as flour mills and grain stores, found to be subject to rat infestation, is an essential part of the block control system in force in the district.

Rats destroyed during the year.

Tables E, and G (omitted) are "nil" returns.

Table F In Docks, Quays, Wharves and Warehouses

Number of Rats	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total in Year
Black	—	—	—	—	—	—	—	—	—	—	10	—	10
Brown	50	56	28	36	20	73	—	12	22	30	2	—	329
Species not recorded	—	—	—	—	—	—	—	—	—	—	—	—	—
Examined	—	—	—	3	—	—	—	—	—	—	*1	—	4
Infected with Plague	—	—	—	—	—	—	—	—	—	—	—	—	—

* Black Rat

**Table H. Deratisation Certificates and Deratisation Exemption Certificates
issued during the year**

Net Tonnage	No. of Ships	No. of Deratisation Certificates issued					No. of Deratisation Exemption Certificates Issued	Total Cert- ificates Issued
		After Fumigation with			After Trapping Poisoning etc.	Total		
		HCN.	Sulphur	HCN. and Sulphur				
Ships up to 300 tons	-	-	-	-	-	6	6	
" from 301 tons to 1,000 tons	-	-	-	-	-	2	2	
" from 1,001 tons to 3,000 tons	-	-	-	-	-	-	-	
" from 3,001 tons to 10,000 tons	-	-	-	-	-	-	-	
" over 10,000 tons	-	-	-	-	-	-	-	
TOTALS	-	-	-	-	-	8	8	

VI. Hygiene of Crews' Spaces

Table J. Classification of Nuisances

<i>Nationality of Vessel</i>	<i>Number inspected during year</i>	<i>Defects of original construction</i>	<i>Structural defects through wear and tear</i>	<i>Dirt, vermin and other conditions prejudicial to health</i>
British ...	42	—	1	5
Other Nations	59	—	—	—

VII. Food Inspection

- (1) There were no imports of foodstuffs during the year.
- (2) Shell-fish.

Oysters are practically extinct in the Harbour. In 1919 the production of oysters was quite a flourishing industry but subsequently production declined so rapidly that by 1935 all dredgings had ceased. Recently the revival of the industry has been mooted and in April 1950, at the request of the Southern Sea Fisheries District Committee, a survey of the Harbour was made by the staff of the Ministry of Agriculture and Fisheries, Fisheries Experiment Station. It is understood that their report is favourable to the re-establishment of the oyster industry in Poole Harbour and the Southern Sea Fisheries District Committee are now considering ways and means of doing this.

Cockles continue to be taken from the Harbour in considerable numbers. Samples taken from the western and southern parts of the Harbour in 1948 and 1949, for bacteriological examination in the Public Health Laboratory, Poole, showed that in those areas the cockles were either free from sewage pollution or only lightly affected.

Five sample batches (each containing 10 cockles) obtained during 1950, from the northern and eastern shores of the Harbour (i.e., from the areas frequented by members of the public searching for cockles) were not so satisfactory, the average number of faecal coli per ml. of shell fish being 7.4, 0.6, 1.8, 8.4 and 20.7 respectively.

Small number of periwinkles are taken in the Harbour, but the numbers seem to be decreasing.

Mussels are present in the Harbour but are in very poor condition and are no longer taken for sale.

VIII. Pollution of the Harbour

In conjunction with the Chief Fishery Officer of the Southern Sea Fisheries District efforts are being continued to trace all sources of chemical pollution of the Harbour. A number of sources are known and these are being sampled regularly to determine if the discharges are inimical to fish life.

ANNUAL REPORT

to the

Local Education Authority

on the

SCHOOL HEALTH SERVICES

in the

BOROUGH OF POOLE

FOR THE YEAR

1950

PART III

SCHOOL HEALTH SERVICE.

Report of the School Medical Officer for the year
1950.

COMMITTEE FOR EDUCATION, 1950

<i>Chairman :</i>	Alderman W. D. SIMMONDS, O.B.E.
<i>Vice-Chairman :</i>	Councillor Miss M. M. LLEWELLIN, J.P.
<i>His Worship the Mayor :</i>	Alderman J. ROSS McMAHON

Aldermen :

S. D. BALLAM	J. BRIGHT, J.P.
A. J. DACOMBE, J.P.	D. A. HAYNES, J.P.

Councillors :

F. W. ALLEN	H. G. BALLAM
F. G. BARRETT	G. S. BROWN, J.P.
W. J. GIDDINGS	E. A. HEBLEY
Mrs. E. M. HICKINSON, J.P.	A. LLOYD ALLEN
L. J. MATCHAN (from 25.9.50)	A. R. W. PATTON
S. R. RUTTER (to 30.6.50)	Mrs. WALTERS
Mrs. WILLIS (from 31.10.50)	S. M. WOODFORD
G. N. YEATMAN (to 31.8.50)	

County Council Members :

Eng. Commander R. H. BAKER, R.N.	Mrs. M. CHAMPION
Mr. R. E. CHISMAN, J.P.	Mr. J. H. SUTTON, J.P.

Co-opted Members :

The Rev. Canon H. BARTON	The Very Rev. Canon P. D. LEAHY
The Rev. W. DICKINSON	(to 30.9.50)
Mr. A. J. MARTIN	The Very Rev. Canon M. J. COUGHLAN (from 1.11.50)

Teachers' Representatives :

Miss W. M. ALLEN	Mr. L. J. W. FRY
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STAFF

<i>Schaal Medical Officer :</i>	George Chesney, M.D., B.Ch., B.A.O., D.P.H.
<i>Deputy Schaal Medical Officer :</i>	J. A. Sinclair, M.B., Ch.B., D.P.H.
<i>Assistant Schaal Medical Officers :</i>	A. C. Mackenzie, M.D., Ch.B., D.P.H. (Resigned 30.4.50) P. S. Blaker, M.R.C.P., M.R.C.S., D.P.H. (Appointed 22.5.50)
<i>Senior Dental Officer :</i>	W. K. Rimmer, L.D.S., D.D.S.
<i>Assistant Dental Officers :</i>	R. Allen, L.D.S. C. E. Thomas, L.D.S., R.C.S. (Appointed 16.1.50)
<i>Schaal Nurses (Health Visitors) :</i>	Miss M. M. Kingsbury, S.R.N., S.C.M., H.V.C. (Superintendent Health Visitor and School Nurse) Miss H. Brooks, S.R.N., S.C.M., H.V.C. Mrs. B. M. Davies, S.R.N., S.C.M., H.V.C. (Resigned 31.5.50) Mrs. V. M. Hall, S.R.N., S.C.M., H.V.C. (Appointed 1.8.50) Miss I. Koster, S.R.N., S.C.M., H.V.C. Miss V. Kusel, S.R.N., S.C.M., H.V.C. Miss L. B. Lever, S.R.N., S.C.M., R.F.N. Miss M. Morris, S.R.N., S.C.M., H.V.C. (Resigned 31.3.50) Mrs. V. Narbett, S.R.N., S.C.M., H.V.C. Miss M. Phillips, S.R.N., S.C.M., H.V.C. Miss R. F. Porter, S.R.N., S.C.M., H.V.C. (Appointed 1.8.50) Mrs. M. Stapley, S.R.N., S.C.M., H.V.C.
<i>Dental Attendants :</i>	Miss G. Forrest Miss R. Nicholls Mrs. E. T. Mattinson
<i>Clerks :</i>	Mr. F. B. Edwards (Chief Clerk) Mr. C. A. Fox Miss P. Giles Miss P. H. Stevens Miss M. Watkins (Resigned 2.6.50) Miss J. Beardsell (Appointed 12.6.50)
Medical Auxiliaries :	
<i>*Speech Therapists :</i>	Miss N. O'Driscoll, L.C.S.T. Miss M. J. Bartels, L.C.S.T. (Appointed 1.2.50)
<i>*Oral Hygienist :</i>	Mrs. V. Murton
<i>*Psychiatric Social Worker :</i>	Miss A. D. Filliter
* Part-time.	

SCHOOLS.

Primary

There are in the Borough 22 Primary Schools, of which 14 are County Primary Schools, provided and maintained by the Local Education Authority, and 8 are Voluntary Primary Schools, of which 6 are provided by the Church of England and 2 by the Roman Catholic Church.

The immediate building programme includes three Infant schools at Sylvan Road, Wimborne Road (Oakdale), and Herbert Avenue, each with accommodation for over 320 pupils.

Nursery Classes

There are 4 nursery classes, with accommodation for 80 children, attached to infant schools. The proposed schools at Sylvan Road and Wimborne Road, Oakdale, will each provide 60 nursery places.

Secondary Modern Schools

There are 6 Secondary Modern Schools in the Borough — 5 County and 1 Voluntary. The County schools are the Kemp-Welch Boys' and Girls', the Henry Harbin Boys' and Girls' schools and the Herbert Carter Mixed school. The Voluntary School is the Russell-Cotes Voluntary Boys' School.

Grammar Schools

There are 2 Grammar Schools in the Borough — Poole Grammar (Boys) and Parkstone Grammar (Girls).

Poole Art and Technical School

Full-time students at this school come under the care of the School Health Service.

Private Schools

There are 17 Private Schools in the Borough.

Private schools do not come within the scope of the School Health Service, but under Section 78 of the Education Act of 1944 a Local Education Authority may make arrangements with the proprietor of such a school for the provision of certain ancillary services, including medical inspection and treatment.

The Local Education Authority have not taken action under Section 78.

Accommodation

Average number on roll during 1950 :—

Grammar Schools	...	...	...	...	1290
Secondary Modern Schools	...	...	...	...	2711
Primary Schools	...	...	...	...	6241

 Total 10242

Average attendances for year ending 31st December, 1950 :

Grammar Schools	...	...	...	...	1211
Secondary Modern Schools	...	...	...	...	2448
Primary Schools	...	...	...	...	5649

 Total 9308
Open Air Teaching

There are no open air schools in the Borough and no special facilities exist, but schools take lessons in the open air when the weather is suitable. New schools are being constructed, as far as is practicable, on open air lines.

THE SCHOOL HEALTH SERVICE AND THE NATIONAL HEALTH SERVICE ACT

At the end of 1950 the National Health Service Act had been in operation for two and a half years.

A close liaison has been established between the General Hospitals and the medical officers employed in the School Health Service so that little or no difficulty has been experienced in arranging appointments with consultants in the various specialities. Weekly lists of school children admitted to hospital or attending the out-patients department are submitted to the School Medical Officer. These lists give the dates of admission and discharge together with the diagnosis in each case, which are duly noted in the child's medical records.

As the School Medical Officer is Poole Area Medical Officer under the National Health Service Act and as such is associated with the Care of Mothers and Young Children, Health Visiting, Vaccination and Immunisation, Prevention of Illness, Care and After-care, and Mental Health, co-ordination and follow-up are greatly facilitated. As he is also Medical Officer of Health of the Borough and Consultant Physician at the Infectious Diseases Hospital, he is in a position to become aware at an early stage of any undue prevalence of infectious disease among school children and can initiate the necessary measures to deal with

any outbreak. The Deputy School Medical Officer also gives a proportion of his time to these services of the 1946 Act, and is also employed by the Regional Hospital Board at the Infectious Diseases Hospital. There is thus a close co-ordination in the Borough of the National Health Services and the School Health Services.

THE AIM OF THE SCHOOL HEALTH SERVICE

The School Health Service is mainly preventive in character, and is thus chiefly concerned with the care of the physical and mental health of the school child. Another important function is the investigation, prevention and control of outbreaks of infectious disease.

Children are medically examined at regular periods during their school lives and in this way defects or diseases may be discovered in their early stages when the chances of cure or improvement are optimal.

It has been said in some quarters that there is now little or no need for a school health service since the introduction of a "free for all" general practitioner service. To think thus shows a lack of appreciation of the function of the school health service. The general practitioner cannot take the place of the School Medical Officer nor can the School Medical Officer take the place of the general practitioner. They have entirely different functions.

The services of the general practitioner are sought only when a child appears to be "off colour" or suffering from some complaint obvious to the parent. For example the family doctor may be consulted about a sore throat but a co-existent hernia, deformity, heart lesion, etc., may go undetected. Such conditions would be readily noticed at a school medical examination, when it is the duty of the examining medical officer to look for such conditions. The two services are thus complementary and equally essential for the health of the school child. It is, however, one of the anomalies of the National Health Service that so much emphasis is placed on the cure rather than the prevention of disease and while this is the case the public will continue to attach more importance to curative than to preventive services.

The Work of the School Health Service

The work of the School Health Service may be summarised as follows :—

- (1) Routine and special inspection and re-inspection.
- (2) Examination of children for fitness for part-time employment.

- (3) Class by Class inspection by the school nurses.
- (4) Minor ailment clinics.
- (5) Special clinics.
- (6) Ascertainment and classification of handicapped pupils.
- (7) Investigation and control of infectious disease.
- (8) Diphtheria immunisation.
- (9) Dental inspection and treatment.
- (10) Hygiene and sanitation of school premises, including school kitchens and canteens.

MEDICAL INSPECTION

Routine Inspection

Section 49 of the Handicapped Pupils and School Health Service Regulations provides for the medical inspection at stated periods of pupils in attendance at every school, not being a Special School, maintained by the Local Education Authority. These inspections are conducted, where possible, on the school premises and parents are invited to be present. The following are the approved arrangements :—

- (a) Every pupil who is admitted for the first time to a maintained school is inspected as soon as possible after the date of admission.
- (b) Every pupil attending a maintained primary school is inspected during the last year of his attendance at such a school.
- (c) Every pupil attending a maintained secondary school is inspected during the last year of his attendance at such a school.
- (d) Every pupil attending a maintained school or county college is inspected on such other occasions as the Minister or the Authority with the approval of the Minister may determine.

Each child is presented to the medical officer without shoes or stockings and stripped to the waist so that a fairly rapid but thorough general examination can be carried out.

If a child is found to be suffering from a defect, the parent is advised as to treatment or the child is referred for treatment to the family doctor, the appropriate clinic or the general hospital.

Special Inspections and Re-inspections

A child who has been found, at routine inspection, to be suffering from a defect is re-examined at intervals. Other "special" examinations are carried out at the request of the parent, the teacher or the school nurse. Such examinations may be carried out at a routine inspection or at an inspection arranged for that purpose.

Medical Records

The medical records of all children attending maintained schools in the Borough are centralised in the School Health Section of the Health Department. This facilitates arrangements for medical inspections and "following-up". Subsidiary cards, on which are entered relevant notes for the confidential information of the Head Teacher, are kept at the schools.

Result of Medical Inspection

During 1950, 3,088 children were examined at routine medical inspections. Of these, 1,295 were entrants, 999 in the second age group and 794 in the third age group.

Of the 3,088 children examined, 513 were found to require treatment for various conditions, exclusive of defective nutrition, verminous conditions and dental caries.

3,288 special inspections and 1,480 re-inspections were carried out during the year.

Defects found at School Medical Inspections

Defect or Disease (1)	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
Skin ...	4	9	83	—
Eyes — (a) Vision ...	168	36	109	5
(b) Squint ...	25	8	16	1
(c) Other ...	23	8	229	1
Ears — (a) Hearing ...	5	4	3	—
(b) Otitis Media ...	1	2	9	—
(c) Other ...	3	2	158	—
Nose or Throat ...	104	222	170	20
Speech ...	3	10	15	3
Cervical Glands ...	5	12	29	2
Heart and Circulation ...	8	26	4	2
Lungs ...	14	66	2	2
Developmental — (a) Hernia ...	5	9	—	1
(b) Other ...	2	31	—	6
Orthopaedic — (a) Posture ...	20	33	14	4
(b) Flat foot ...	78	59	39	10
(c) Other ...	57	83	74	25
Nervous system — (a) Epilepsy ...	1	2	—	—
(b) Other ...	2	10	1	1
Psychological — (a) Development ...	1	3	27	1
(b) Stability ...	—	—	10	—
Other ...	13	43	1272	4

General Condition

Three categories are used in the classification of a child's general condition :—

A — better than normal or “ good ”.

B — normal or “ fair ”.

C — below normal or “ poor ”.

The child's category is decided not only on a nutritional basis but also according to the presence or absence of defects.

Age Group	No. of pupils inspected	A Better than normal or Good		B Normal or Fair		C Below normal or Poor	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1295	747	57.7	528	40.8	20	1.5
Second age group...	999	396	39.6	589	59.0	14	1.4
Third age group ...	794	373	47.0	412	51.9	9	1.1
Other periodic inspections ...	—	—	—	—	—	—	—
TOTAL	3088	1516	49.1	1529	49.5	43	1.4

The comparative figures for 1949 were: A, 20.1 per cent.; B, 76.7 per cent.; and C, 3.2 per cent. The figures for 1950 indicate a material improvement during the year in the general condition of the children examined, though the results of inspection are presented with the reservation that a certain variation of standards of assessment is inevitable from year to year if the examinations and assessment are not carried out by the same medical officer.

PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

A Local Education Authority has power, under Section 59 of the Education Act, 1944, to prohibit or restrict the employment of a school child if it is considered that such employment would be prejudicial to his health or would otherwise render him unfit to derive full benefit from his education.

During 1950, 95 children were examined for fitness for employment ; 94 certificates of fitness were issued and 1 child was considered medically unfit for employment.

CLASS BY CLASS INSPECTION

At routine medical inspections, parents usually attempt to present their children in as clean a state as possible so that the presence of verminous conditions may easily be overlooked. Rapid general surveys are made periodically by the School Nurses with the object of detecting verminous conditions and the presence of infectious and contagious diseases.

During these rapid surveys 22,458 individual examinations were carried out. Children found to be suffering from infectious or contagious conditions or any other condition requiring medical attention were referred to the school clinic or the family doctor. 302 children were found to be infested with head lice and arrangements were made for their treatment at home, at a minor ailment clinic or, in severe or persistent cases, at the special cleansing centre.

The standard to which the school nurses are instructed to adhere in these inspections is high. If a child has one nit, that is regarded as a case of infestation and is recorded. The finding of even one nit is evidence that a head louse has been present.

MINOR AILMENT CLINICS

As a rule complaints of a minor nature only are treated at the minor ailment clinics. Children who require treatment outside the scope of the clinic are referred to their family doctor, the appropriate special clinic or to the general hospital.

Minor Ailment Clinics are held as follows :—

	<i>Address</i>	<i>Open on</i>	<i>Time</i>	<i>Doctor in Attendance</i>
(1)	The School Clinic, 67 Market Street, Old Town.	Daily	9 a.m.	Monday & Thursday
(2)	The School Clinic, Shillito Road, Parkstone.	Daily	9 a.m.	Tuesday & Friday
(3)	Hamworthy School	Tuesday and Friday	9 a.m.	Tuesday
(4)	Henry Harbin School	Thursday	11 a.m.	Thursday
(5)	Broadstone Women's Institute	Thursday	9 a.m.	Thursday
(6)	Kemp Welch School	Monday and Friday	9 a.m.	Monday
(7)	Herbert Carter School	Tuesday and Friday	10.45 a.m.	Tuesday

Attendances at Minor Ailment Clinics in 1950 were as follows :—

	No. of children	No. of attendances
Old Town	400	562
Parkstone	599	1224
Hamworthy	296	600
Broadstone	113	202
Henry Harbin School ...	101	108
Kemp Welch School ...	437	760
Herbert Carter School ...	199	315
	<hr/> 2145	<hr/> 3771

The following is a summary of defects found in children attending Minor Ailment Clinics during the year :—

Skin	83
Eyes (a) Vision	77
(b) Squint	7
(c) Other	229
Ears (a) Hearing	1
(b) Otitis Media	8
(c) Other	158
Nose or Throat	156
Speech	13
Cervical Glands	29
Heart and Circulation	2
Orthopaedic (a) Posture	9
(b) Flat foot	28
(c) Other	60
Psychological (a) Development	7
(b) Stability	6
Other	1270
	<hr/>
TOTAL	2143
	<hr/>

SPECIAL CLINICS

If a child is found at school medical inspection or during attendance at a minor ailment clinic to be suffering from a defect requiring specialist advice and treatment he is referred either to the General Hospital or to the appropriate special clinic where the services of a specialist or qualified medical auxiliary are available. If the family doctor has

indicated that he wishes such cases on his list to be referred to him in the first instance (and action has been taken to ascertain the wishes of the family doctors in this respect) the child is referred to him and the responsibility for making the necessary arrangements rests with him.

The special clinics were as follows :

- Ophthalmic Clinic** — "Torvaine," St. Peter's Road, Parkstone.
Monday and Tuesday at 9.15 a.m. Thursday at 2 p.m.
- Orthoptic Clinic** — "Torvaine," St. Peter's Road, Parkstone.
Monday and Tuesday at 9.30 a.m. and 2 p.m.
Wednesday and Thursday at 9.30 a.m.
- Orthopaedic Clinic** — 67 Market Street Poole (Ceased July 1950)
Second Tuesday of each month at 2 p.m.
- Child Guidance Clinic** — The School Clinic, Shillito Road, Parkstone.
Tuesday at 2 p.m.
- Speech Clinics** —
"Torvaine," St. Peter's Road, Parkstone
Friday at 10 a.m. and 2 p.m.
Herbert Carter School, Blandford Road, Hamworthy
Thursday at 10 a.m.
Henry Harbin School, Wimborne Road, Poole
Monday at 10 a.m. and 2 p.m.
- Asthma Clinic** — Burlea Towers, 55 Parkstone Road, Poole
Thursday at 2.30 p.m.

OPHTHALMIC AND ORTHOPTIC CLINICS

The Ophthalmic Specialist reports as follows :

"The number of children seen at the Eye Clinic was 1,455, an increase of 16.3 per cent. on 1949. 129 Clinics were held with an average attendance of 11.28 per cent. These figures include 205 cases from districts outside Poole seen for the Dorset County Council.

"Spectacles were prescribed or lenses changed in existing spectacles in 781 cases and there were 351 cases of squint.

"The usual number of minor inflammatory conditions were seen, also cases of choroiditis and congenital cataract. In addition, at the height of the seasonal wave of poliomyelitis cases of paresis of the intraocular muscles appeared. A considerable number of cases of developmental aphasia continue to be referred.

"The Orthoptic Clinic made excellent progress during the year. New cases numbered 78 and total attendances were 1,279. The waiting list of cases for operation is now being slowly reduced, though it is still far long than one would like. The orthoptist unfortunately left us before the end of the year, but her success or is expected early in 1951."

E. R. BOWES, M.D., B.S., D.O.M.S.

Orthopaedic Service

Prior to July 1950, a special orthopaedic clinic for children was held monthly at Market Street, Poole. An orthopaedic surgeon from the Lord Mayor Treloar Hospital, Alton, attended. All appointments were arranged by the Health Department as were all admissions to the Lord Mayor Treloar Hospital. The clinic records were kept in the Health Department.

This clinic ceased to function in July and arrangements were made for orthopaedic cases to attend Poole General Hospital, where two clinics for children are held monthly. Prior to the change over the waiting period was seldom more than a month, frequently a few days, whereas now it is from two to four months.

Apart from the longer waiting period and the congestion at the local hospital, the new arrangements appear to be satisfactory, at any rate from the administrative point of view. Reports on children referred to the orthopaedic surgeon are received by the School Medical Officer after each attendance.

The physiotherapist who formerly served the Local Health and Education Authority is now employed by the Hospital Management Committee and continues her remedial exercise clinics in the premises she previously occupied.

Orthopaedic defects may be classed as major and minor. Examples of minor defects are cases of mild flat feet, knock knees, faulty posture, etc., which generally do not require the attention of an orthopaedic surgeon. Such minor defects can usually be treated by the school medical officer or treatment may be carried out under his supervision either at the remedial clinic or in special remedial classes held in the schools. These classes are arranged by the County Remedial Organiser, who also arranges for suitable teachers to undergo special training to run the classes. The remedial organiser maintains a close liaison with the school medical officers. Major defects which require more specialist advice and treatment are referred to the orthopaedic surgeon.

Table I

Surgeon's Clinics up to 31.7.50	7
Cases seen for the first time	45
Cases seen on second or subsequent visits ...	118

Table 2 — Defects and Deformities

<i>Classification of Defects</i>	<i>Under treatment at end of 1949</i>	<i>New Cases 31-7-50</i>	<i>Transferred from M. & C.W.</i>	<i>TOTAL</i>	<i>Discharged by Surgeon</i>	<i>Discharged as Non-attenders</i>	<i>Left School</i>	<i>Left district</i>	<i>TOTAL</i>	<i>Remaining up to 31-7-50</i>
A. Congenital	12	2	3	17	—	—	—	—	—	17
B. Inflammatory	6	3	—	9	1	—	1	—	2	7
C. Traumatic and complica- tions of trauma	1	9	—	10	2	—	1	—	3	7
D. Paralysis	13	1	1	15	—	—	2	—	2	13
E. Acquired	40	30	4	74	14	—	6	—	20	54
F. Diseases of Bone	5	—	—	5	—	—	—	—	—	5
G. Other orthopaedic defects not included above	—	—	—	—	—	—	—	—	—	—
H. No orthopaedic defect	—	—	—	—	—	—	—	—	—	—
	77	45	8	130	17	—	10	—	27	103

Table 3 — Hospital Cases

<i>Patients in Alton at end of 1949</i>	<i>Patients admitted before 31.7.50</i>	<i>Patients discharged before 31.7.50</i>	<i>Patients remaining at 31.7.50</i>
0	5	5	0

Table 4 — Physiotherapy

<i>Massage and remedial Exercises</i>			<i>Electrical Treatment</i>		
<i>No. of children treated</i>	<i>No. of attendances</i>	<i>No. of Sessions</i>	<i>No. of children treated</i>	<i>No. of attendances</i>	<i>No. of Sessions</i>
70	568	120	8	218	74

Child Guidance Clinic

The Child Guidance Clinic was held on Fridays at Burlea Towers, Parkstone Road, Poole, and was attended by a psychiatrist, educational psychologist and a social worker. Children suffering from psychological disturbances or social maladjustment as shown by thieving, habitual truancy, phobias and neuroses of various kinds were referred for treatment. 38 sessions were held and 39 children attended for treatment. The total number of attendances was 145.

Asthma Clinic

The County Remedial Organiser commenced a weekly class for asthmatic children in July, 1950. Older children were given the opportunity of attending first to enable them to be taught breathing exercises before leaving school.

Attendances have been regular and some of the severe cases have shown much improvement and attacks have been reduced to a minimum.

Speech Clinic

The County Speech Therapist reports as follows :

"During 1950, 68 children attended the speech clinics; of these 24 were discharged as recovered or much improved; 9 discontinued treatment for various reasons; and 35 are still attending. The total number of attendances was 975.

" This past year has seen a great expansion of Speech Therapy in Poole — the sessions being increased from two to five as from 17th April 1950. Before the new sessions were started the School Medical Officer gave instructions that a survey of children with sub-normal speech should be made. The teachers were admirably co-operative and a reliable set of figures were collected. These showed that the number of children who might benefit from speech therapy was 197.

"One of the most interesting cases was that of a little boy who had a very troublesome stammer which had resisted treatment for some time. His case was reviewed and a somewhat unusual decision was made, unusual because a stammer being unconsciously determined cannot generally be controlled wittingly and consciously. He was told that his progress was unsatisfactory and that if this continued he would be discharged for lack of response, but that if he made an improvement his mother would give him daily a small reward. The boy liked the therapist and made conscientious and intelligent efforts to follow her instructions. He made so marked an improvement that by Christmas he was being considered for discharge as improved. It is

very probable that an important factor in his recovery has been the help and wise handling he received from his teachers and parents.

"In the treatment of all children suffering from speech defects the attitude of parents and teachers is all important. The therapist sees the child for a short period once a week, while parents and teachers form his whole environment. It is pleasant to be able to say that in the vast majority of cases their attitude is wise and helpful. In those few cases where the home environment is not satisfactory the strain is often due to bad housing. It is a perpetual irritation to parents and children if the family is accommodated in two rooms or shared with unsympathetic relatives. Such cases are heart-breaking, for the child cannot respond to treatment while his environment is one of stress and strain. One can only look forward hopefully to a time when the great problem of the housing of the people will be nearer solution.

HANDICAPPED PUPILS.

Handicapped pupils are defined in the Handicapped Pupils and School Health Service Regulations, 1945, as pupils who require special educational treatment.

The several categories of pupils requiring special educational treatment are :—

- | | |
|-----------------------|--|
| (a) Blind | (g) Educationally sub-normal |
| (b) Partially sighted | (h) Epileptic |
| (c) Deaf | (i) Maladjusted |
| (d) Partially deaf | (j) Physically handicapped |
| (e) Delicate | (k) Pupils suffering from speech defects |
| (f) Diabetic | |

Special educational treatment does not necessarily mean education in a special school. A large number of the less seriously handicapped pupils can be educated in ordinary schools under special arrangements. The more seriously handicapped require education in special schools, either day or boarding. There are no special day schools in the Poole area and boarding school accommodation throughout the country is greatly limited, especially for educationally sub-normal and maladjusted pupils. Consequently several years may elapse following examination and classification before an educationally sub-normal or maladjusted pupil is admitted to a suitable school.

Every blind, deaf, physically handicapped, epileptic or aphasic pupil must be educated in a special school, and in the case of a blind or epileptic child the school must be a boarding school.

A handicapped child of any other category may be educated in an ordinary school if special educational treatment suitable to his needs can be provided at such a school and provided also that his presence is not detrimental to the interests of the other pupils.

Details of handicapped children examined and placed in the various categories during 1950 :

Blind	Nil
Partially sighted	Nil
Deaf	1
Partially deaf	Nil
Delicate	1
Diabetic	Nil
Educationally Sub-normal	22
Epileptic	Nil
Maladjusted	1
Physically Handicapped	1
Multiple Disabilities	Nil
	<hr/>
	26

Of the 22 educationally sub-normal pupils, 11 were recommended for education in an ordinary school and 11 for education in a special residential school.

In addition, 5 children were examined, found to be ineducable and were reported to the Local Authority for the purposes of the Mental Deficiency Acts under Subsection 3 of Section 57 of the Education Act, 1944.

Handicapped pupils in special schools

	At the of 1949	Admitted during 1950	Discharged during 1950	No. at end of 1950
Blind	2	—	1	1
Partially sighted	2	—	1	1
Deaf	5	—	—	5
Partially Deaf	1	—	—	1
Delicate	—	—	—	—
Physically Handicapped	3	1	—	4
Educationally Sub-normal	7	2	3	6
Maladjusted	1	1	—	2
Epileptic	3	—	—	3
TOTAL	24	4	5	23

Juvenile Delinquency

During 1950, 208 school children appeared before the Juvenile Court, charged with various offences such as larceny, burglary, wilful damage, etc., excluding minor traffic offences. At the end of 1950 there were 23 children from the borough in approved schools.

Juvenile delinquency remains a serious social problem and there can be no doubt that in a great many cases home environment plays the most important part. In recent years there has been a lowering of moral standards and a lack of parental example and control. The school health service through the Child Guidance Clinic, and in suitable cases by treatment in special schools for maladjusted children, has an important part to play in dealing with these children. Good results however can only be obtained with the full co-operation of the parents. This is not always forthcoming and in such cases it would appear that the parents are as much in need of social re-adjustment as the children — this of course is outside the scope of the School Health Service.

INFECTIOUS DISEASES IN SCHOOL CHILDREN

The following notifiable infectious diseases occurred in school children during the year. The incidence at all ages is shown for comparison. Comparable figures are also given for the year 1949.

Only 5 children from a school population of approximately 10,000 contracted poliomyelitis, compared with 17 the previous year.

There were no cases of diphtheria in school children during the year.

Whooping cough showed an increase over the previous year but measles dropped considerably.

	1949		1950	
	School Children	All Ages	School Children	All Ages
Haemolytic streptococcal infection—				
Scarlet Fever	27	49	29	43
Erysipelas	1	14	—	19
Measles	459	1134	39	82
Whooping Cough	51	147	183	449
Pneumonia	8	41	7	47
Poliomyelitis	17	31	5	13
Meningococcal infection	2	6	—	—
Dysentery	—	4	1	4
Food Poisoning	—	2	1	10
Streptococcal meningitis	—	—	1	1
Tuberculosis	7	88	12	84
TOTALS	572	1516	278	752

Diphtheria Immunisation

70 school children who had not been immunised in infancy received their first inoculations after entering school. 980 school children who had been previously immunised received "reinforcing" doses which are recommended about every four years in order to keep the immunity at a high level.

Regular immunisation sessions are held at the various clinics in the Borough, but where possible special sessions are held at the schools in order that the ordinary school routine will be interrupted as little as possible.

The following table shows the number of school children and children under school age who were immunised during the year. The figures for the preceding four years are also given for comparison.

	1946	1947	1948	1949	1950
Number of children who were immunised for the first time—					
Under school age	895	1001	1128	792	1018
School Age	75	64	135	82	70
Number of school children who received a "Reinforcing" dose	856	1199	1633	1211	980

Scabies

A weekly clinic for the treatment of scabies is held at the Cleansing Centre, Burlea Towers, Parkstone Road, Poole. Patients are referred either by their own doctors or by the School Medical Officers and attend by appointment. During 1950, 27 school children attended for treatment. It was necessary for some of these children to attend several times, and altogether 46 attendances were made.

Head Infestation

Treatment of persistent or severe head infestation is carried out at the Cleansing Centre. During 1950, 114 school children were treated, several attending more than once during the year.

CO-OPERATION WITH THE EDUCATION DEPARTMENT HEALTH SERVICE

Close co-operation exists between the School Health Service and the Special Services Section of the Education Department. In addition most of the Head Teachers have shown a keen interest in

the health of the pupils under their care and have been most helpful in making arrangements for medical inspections.

There is also close liaison with the School Attendance Officers, who frequently bring to the notice of the School Medical Officer cases of prolonged or frequent absence due to illness.

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

This important voluntary organisation through its local inspector keeps in close touch with the School Medical Officer's Department. The Society deals with cases of child neglect and is frequently most helpful in persuading disinterested or neglectful parents to have essential treatment carried out where this has been recommended by the School Medical Officer. The fact that comparatively few cases reach the stage of prosecution reflects great credit on the tact and powers of persuasion of the local inspector.

RED CROSS MEMORIAL CHILDREN'S HOSPITAL, SWANAGE

This hospital receives children convalescing from serious illness and debilitated children who require hygienic surroundings and medical supervision to restore them to normal health. School children are admitted on the recommendation of the School Medical Officer.

PROVISION OF SCHOOL MEALS AND MILK

Approximately 85% of the children took their daily allowance of milk. The allowance is one-third of a pint per scholar per day.

During 1950 the daily average number of mid-day meals provided was 4,926. In certain cases of financial hardship meals were provided free of charge. The number of free meals provided during 1950 was 69,101.

MEDICAL EXAMINATIONS FOR SUPERANNUATION AND FITNESS FOR APPOINTMENT

During the year 58 medical examinations of teachers and others were carried out by the school medical staff.

REPORT OF THE SENIOR DENTAL OFFICER FOR 1950

"In 1950 the appointment of an assistant dental officer brought the number of dental officers employed in the School Health Service back to the normal total of three. This will help to remedy the position which arose in 1949, when the dental treatment of school children fell into arrears through the shortage of staff. The improvement will be a slow process and it is clear that it will take a long time to get back to a yearly inspection and full treatment for every child requiring it. Even this standard of a yearly inspection is not really satisfactory, and until the National Health Service Act had its disastrous effect on the School Dental Service efforts were being made to arrive at a six-monthly inspection. This now appears a vain hope.

"The 'acceptance of treatment' rate remains at a high level, helped perhaps by the fact that, although school children are eligible for treatment under the National Health Service Act, many general dental practitioners have little time now for this branch of dentistry.

"During the year a consultant orthodontist was appointed to the Bournemouth and East Dorset Hospital Group; he has opened a clinic in Boscombe for the treatment of irregularities of the teeth. Many difficult cases among school children require the services of a specialist, as the school dental officer has neither the time nor the necessary experience to deal with them; such cases may now be referred to the consultant for advice and treatment, and this arrangement is already proving to be of great value.

"W. K. RIMMER, L.D.S., D.D.S."

Dental Inspection and Treatment

1.	Number of pupils inspected :—				
	(a) Periodic age-groups ...	...	...	...	4,884
	(b) Specials ...	...	...	...	184
	(c) Total ...	...	...	...	5,068
2.	Referred for treatment ...	...	...	...	2,932
3.	Actually treated ...	...	...	...	2,890
4.	Attendances for treatment ...	...	...	...	6,458
5.	Half-days devoted to :—				
	(a) Inspection ...	...	...	...	54
	(b) Treatment ...	...	...	...	1,028
6.	Fillings :—				
	Permanent Teeth ...	...	...	...	3,571
	Temporary Teeth ...	...	...	...	302

Dental Inspection and Treatment—contd.

7. Extractions :—					
Permanent Teeth ...	...	...	...	...	665
Temporary Teeth ...	...	...	...	...	4,238
8. General anaesthetics	...	...	...	...	1,766
9. Other operations :—					
Permanent Teeth ...	...	...	...	...	3,270
Temporary Teeth	...	...	...	...	122

Local anaesthetics	...	...	...	...	1,291
Regulation appliances	...	...	...	...	19
Dentures ...	...	...	...	...	21

HYGIENE AND SANITATION OF SCHOOL PREMISES

Generally speaking the sanitary circumstances of the schools in the Borough are satisfactory. All schools are provided with main water supplies; washing facilities are fairly satisfactory and conveniences are provided with modern pedestal wash-down water closets and reasonably satisfactory urinals. All schools are provided with modern drainage systems connected to the public sewer.

Inspection of the sanitary conditions in schools is part of the routine duties of the Sanitary Inspectors, and during 1950 they made 84 inspections of the school premises. All sanitary conveniences were regularly inspected and any defects or lack of cleanliness attended to where found and whitewashing carried out where necessary. During the summer holidays drainage systems were inspected and flushed out and any defects found reported to the Borough Engineer for attention.

The disinfection of classrooms is carried out at all schools during the holiday periods as a matter of routine. Disinfection is also carried out as normal procedure whenever two or three cases of infectious disease occur among the pupils in any one class.

During inspections particular attention was paid by the Sanitary Inspectors to the standard of hygiene in school kitchens and the attention of the staff persistently drawn to the importance of cleanliness of the hands of persons handling food or food utensils. Close liaison has been established between the School Meals Service Supervisor and the Sanitary Inspectors and any doubtful foods are promptly referred to the Sanitary Inspector for inspection. All milk supplied to schools is pasteurised and samples are taken regularly both for bacteriological examination and chemical analysis.

APPENDIX

Personal Health Services in the Borough of Poole

With the coming into operation of the National Health Service Act, 1946, the Personal Health Services, which were formerly carried out by the Poole Borough Council, passed on the 5th July, 1948, to the Dorset County Council as the Local Health Authority. The Annual Report of the County Medical Officer, Dorset, deals with these services throughout the County and includes the statistics relating to the Poole area. As, however, for the past 30 years the Medical Officer of Health, Poole, has given details of these services in his Annual Report, the following statistics relating to the Personal Health Services are included to preserve continuity of records.

The Local Health Authority is responsible for the following Health Services which are personal as distinct from the environmental :—

Health Centres (Section 21)	Care of Mothers and Young Children (Section 22)
Midwifery (Section 23)	Home Nursing (Section 25)
Health Visiting (Section 24)	Ambulance Services (Section 27)
Vaccination and Immunisation (Section 26)	Domestic Help Service (Section 29)
Prevention of Illness, Care and After-Care (Section 28)	

Of these, the care of mothers and young children, midwifery, health visiting, immunisation, ambulance and the domestic help service had been, prior to the 5th July, the responsibility of the Borough of Poole. On the appointed day a Sub-Committee of the Dorset County Council, known as the Poole Area Health Sub-Committee, was set up, and to it were delegated by the County Council the day-to-day administration of the Care of Mothers and Young Children, Midwifery, Health Visiting, and Domestic Help, the County retaining responsibility in respect of the non-delegated services :—Health Centres, Home Nursing, Vaccination and Immunisation, Ambulance, Prevention of Illness, Care and After-care. The Poole Area Medical Officer works in close co-operation with the County Medical Officer in respect of the non-delegated services.

In passing it may be noted that Poole can claim with justification and satisfaction that it was one of the pioneers in child welfare work, as it was here that one of the first child welfare clinics in the country began. About the year 1908 the "Poole Mothers' Association" was formed. This became known in 1914 as the "Poole School for Mothers", and later took the title of the "Poole Maternity and Child Welfare Voluntary Association". This voluntary association was absorbed into the Poole Child Welfare Services at the end of 1945 and on the 5th July, 1948, these services passed to the Dorset County Council.

STATISTICS

Care of Mothers and Young Children

There are 12 Child Welfare Clinics in the borough and during 1950, 2,474 children made 13425 attendances. Of these attendances 8,592 children were under 1 year and 4,833 were between 1 and 5 years.

Dental Treatment

During 1950, 113 expectant or nursing mothers were referred for examination and report. 107 required treatment and 86 accepted treatment, making 466 attendances. 138 pre-school children made 216 attendances for dental treatment. 28 patients were supplied with artificial dentures, a total of 47 dentures.

Midwifery

During 1950, there were 10 domiciliary midwives employed in Poole by the Dorset County Council, being under the direction of the Poole Area Supervisor of Midwives. There were also 4 private midwives and 17 institutional midwives, a total of 31. There were 1258 confinements in the borough ; of these 373 were attended by the domiciliary midwives. There were 321 confinements in Poole General Hospital.

Ante-natal and Post-natal Clinics

The Ante-natal Clinic is held once a week at Old Town and Branksome Clinics and a Post-natal Clinic is held once a fortnight at Old Town and Branksome Clinics. The number of patients who attended these during the year is as follows :—

Clinic	Ante-Natal		Post-Natal	
	Ist Attend.	Total	Ist Attend.	Total
Old Town	60	264	32	36
Branksome	83	355	46	51
Total	143	619	78	87

636 patients attended the Ante-natal Clinic at Poole General Hospital, making a total of 2,639 attendances. 209 women attended this Post-natal Clinic, making 243 attendances.

Midwives' Acts, 1902-1936

The following table shows the progress in the reduction of maternal mortality, stillbirths, and infantile mortality during the past 10 years.

Year	Total live Births	Stillbirths	Domiciliary Births		Institutional Births	Medical Aid Summonses	Maternal Deaths	Total Deaths of Infants under 1 year
			Midwives	Maternity Nurses				
1939	1045	24	498	300	247	73	3	41
1940	1046	45	472	276	298	68	4	54
1941	1082	36	418	248	416	48	3	56
1942	1265	45	532	266	467	42	2	58
1943	1178	31	394	233	551	45	4	43
1944	1327	37	486	344	497	34	—	50
1945	1298	33	425	307	566	28	2	68
1946	1541	45	491	346	704	46	4	54
1947	1667	30	661	391	615	69	—	37
1948	1326	29	372	344	610	87	—	40
1949	1273	22	240	397	658	42	1	24
1950	1231	27	280	293	685	32	1	27

Maternal Mortality

There was 1 maternal death in the borough during the year.

Infantile Mortality

There were 1231 live births and 27 deaths of infants under 1 year, giving an infantile mortality rate of 21.93.

Ophthalmia Neonatorum

There were 4 cases of ophthalmia neonatorum during 1950. There was no impairment of vision.

Contraception

96 women attended this clinic during the year and were given advice and instruction in accordance with Ministry of Health Circular 1408 of 1934. 360 attendances were made.

Immunisation and Vaccination

During the year 1018 children under 5 were immunised against diphtheria. Of these, 84 were under one year and 712 between 1 and 2 years. 980 re-inforcing doses were given to children who had been previously immunised. 519 pre-school children were vaccinated during 1950.

Health Visiting

During 1950, there were 9 Health Visitors and 1 Superintendent Health Visitor. The following domiciliary visits were paid to expectant mothers and children under 5 years :—

First Visits to Expectant Mothers	...	...	166
Total Visits to Expectant Mothers	...	...	196
First Visits to children under 1 ...	...	...	1305
Total Visits to children under 1	...	...	6007
First Visits to children 1-5 years	...	...	25
Total Visits to Children 1-5 years	...	...	11222

Ambulance Service

The staff of the Poole Area Ambulance Service during 1950 was one supervisor, one deputy supervisor and eleven driver-attendants. Five first-line ambulances, two second-line ambulances and three sitting cars were in operation. The number of journeys covered was 21,604 and the total mileage travelled was 108,211.

Domestic Help Service

During the year the Poole Area Domestic Help Organiser supplied help to 125 women, 27 domestic helps being employed.

